

Name  
in  
Full

Howard E. Adams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	May	31	11 months	11	7	
Sex	Color or Race	Age		Birth-place		
Male	white	11 months		Baltimore		
Occupation	Where Residing if not at place of death					
Infant						
Married, Single or Widowed	Name of Wife or Husband					
Single						
Father's Name	Wm. H. Adams		Father's Birthplace	Baltimore		
Mother's Maiden Name	Lena Beckhusen		Mother's Birthplace	Baltimore		
Name of person giving information	Wm. H. Adams		How related to deceased	Father		

CAUSES OF DEATH

105

Primary

Gastro-Enteritis

How long

7 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. Lumpkin  
653 Colgate Street

PHYSICIAN  
OR CORONER

Accident or Suicide?

Robt Brooks & Son

Mount Olivet Cem

Name  
in  
Full

Emma S Adreas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Woodlawn</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>8</u>	Age <u>54</u>	Years <u>5</u>	Months <u>2</u>	Days <u>19</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birthplace <u>Baltimore Co</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Joseph Adreas</u>					
Father's Name <u>Jesse Smith</u>	Father's Birthplace <u>Baltimore</u>					
Mother's Maiden Name <u>Blanch E Fudlow</u>	Mother's Birthplace <u>Marys</u>					
Name of person giving information <u>A. C. Smith</u>	How related to deceased <u>Physician</u>					

CAUSES OF DEATH

66

Primary Amputation of Brain How long 1 year  
Immediate Hemiplegia How long immediate

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Address

A. C. Smith  
Woodlawn St.



E M Mitchell  
1201 W Fayette st

To Lorraine Cemetery

Name  
in  
Full

John Akehurst

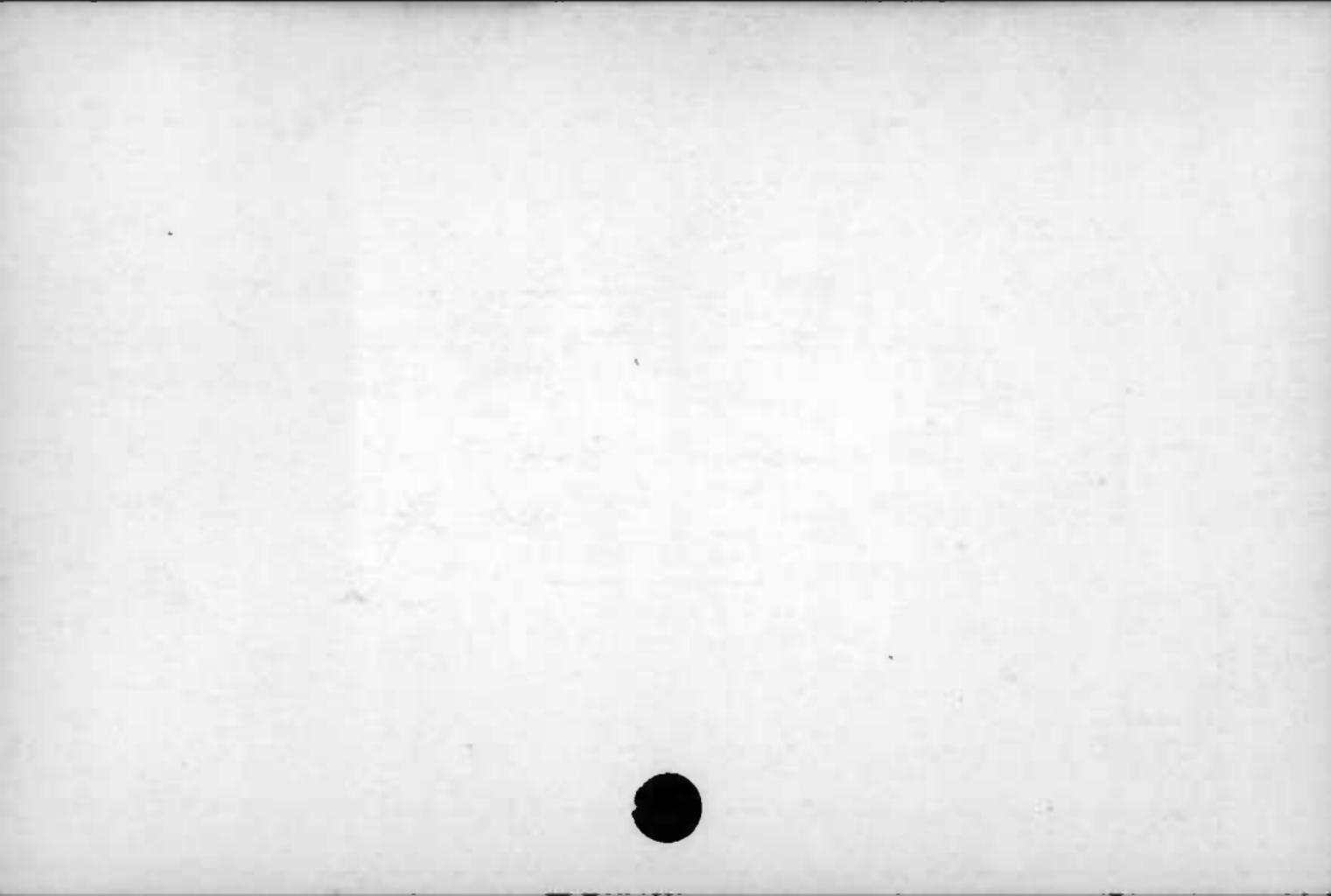
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Park Heights Av Baltimore		County	MARYLAND		
Date of death 1908	Month May	Day 18	Years 64	Munths 2	Days 26
Sex Male	Color or Race White	Birth-place Baltw, Co.			
Occupation Locomotive Enginee	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband	E liza J. Akehurst			
Father's Name Charles Akehurst	Father's Birthplace England				
Mother's Maiden Name Not Known	Mother's Birthplace England				
Name of person giving information E liza J Akehurst	How related to deceased Wife				
CAUSES OF DEATH					
Primary	64				
Immediate	How long 5 months				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long 1 week		
Yes		Address 1929 Madison Ave Baltw. Ind.			
Accident or Suicide?					

PHYSICIAN  
OR CORONER





Karl Albrecht

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Heathbrook		Baltimore Co.		MARYLAND	
Date of death	1908	Month	May	Day	5	Years	77
Age		Color or Race	white	Months	5	Days	8
Sex	Male	Occupation	Cabinet Maker	Where Residing if not at place of death	Germany Heathbrook		
Married, Single or Widowed	Widower	Name of Wife or Husband	Emilie Albrecht				
Father's Name	Unknown	Father's Birthplace	Germany				
Mother's Maiden Name	"	Mother's Birthplace	Germany				
Name of person giving information	Mary Fleckmoun	How related to deceased	Daughter				

## CAUSES OF DEATH

154

Primary	Paralysis of the Heart Sclerotic		How long
Immediate	Paralysis of the Heart		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. J. Sebald M.D.
		Address	1001 Virginius St. Balt. City.
Accident or Suicide?	no		

810 Fredk ave  
C. W. Dill Balto.  
Loedon Park boro.

Name  
in  
Full

William Ballat

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color of Race	Age	Birth-place	Dont know		
Occupation	Where Residing if not at place of death					1023 S. Clayton St
Married, Single or Widowed	Name of Wife or Husband	Dont know				
Father's Name	Dont know					Father's Birthplace
Mother's Maiden Name	Dont know					Mother's Birthplace
Name of person giving information						How related to deceased

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

172

How long

How long

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

City Morgue  
May 27/08.

Name  
in  
Full

Elizabeth Beall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Highland

Town

Baltimore

County

MARYLAND

Date  
of death

1908 May

Month

Day

Age 34

Years

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Baltimore

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Thos. E. Beall

Father's  
Name

John T. Roderick

Father's  
Birthplace

Wales

Mother's  
Maiden Name

Elizabeth Young

Mother's  
Birthplace

Germany

Name of person giving  
Information

Thos. E. Beall

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Angina Pectoris

80

How long

Slightly atten. Post 2 yrs

How long

Immediate

4

7

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

C. V. Kiley,  
2 W. Lombard

PHYSICIAN  
OR CORONER

Accident or Suicide?

S. Athey  
Mt. Carmel  
H. Sander & Sons  
May 19/08

Bennett John Edward  
 Calonsville County  
 Calonsville Birth

Died at

MARYLAND

Date 1898	Month May	Day 13	Age 35	M. D.	Native of Md	Occupation Farmer
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living	X	

Husband of  
 Wife

Annie Bennett

Father's  
 Name

Mother's  
 Name

Cause of  
 Primary

Death  
 Immediate

How long sick  
 2 wks

Accident, Suicide, Homicide

Reported by

Address

Greg Nade  
 Md Hospt. Calonsville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Ambole. Bengal.  
12. Town

**CERTIFICATE OF DEATH**

TO BE ANSWERED BY  
NEAREST FRIEND

NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1908		Month May	Day 16	Age 27	Years	Months	Days
Sex	Male	Color or Race		White	Birth-place		Italy
Occupation		Where Residing if not at place of death		Baltimore City			
Married, Single or Widowed		Name of Wife or Husband					
Single							
Father's Name				Father's Birthplace		Unknown	
Mother's Maiden Name				Mother's Birthplace		Unknown	
Name of person giving information		Geo W Sapp		How related to deceased		None	
CAUSES OF DEATH							
(166)							

## CAUSES OF DEATH

THE CORONER

०

Primary	Kim over by Rail	How long	—
Immediate	road train	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		David A. Thompson	
		Address	
		3422.8, Balto street.	
Accident or Suicide?		Baltimore Co. Md.	

Central Police Station -

City Morgue

May 16<sup>th</sup> / 1908.

Name  
in  
Full

Catharine Bezold

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Where Residing if not at place of death	Germany		
Occupation	House Keeper	Name of Wife or Husband		Old Frederick Road Lectern			
Married, Single or Widowed	Married	Adam Bezold		Father's Birthplace	Germany		
Father's Name	John Bloome	Margaret Bloome		Mother's Birthplace	Germany		
Mother's Maiden Name	Margaret Bloome	Adam Bezold		How related to deceased	Husband		
Name of person giving information	Adam Bezold		93		How long		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia, 1 week

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

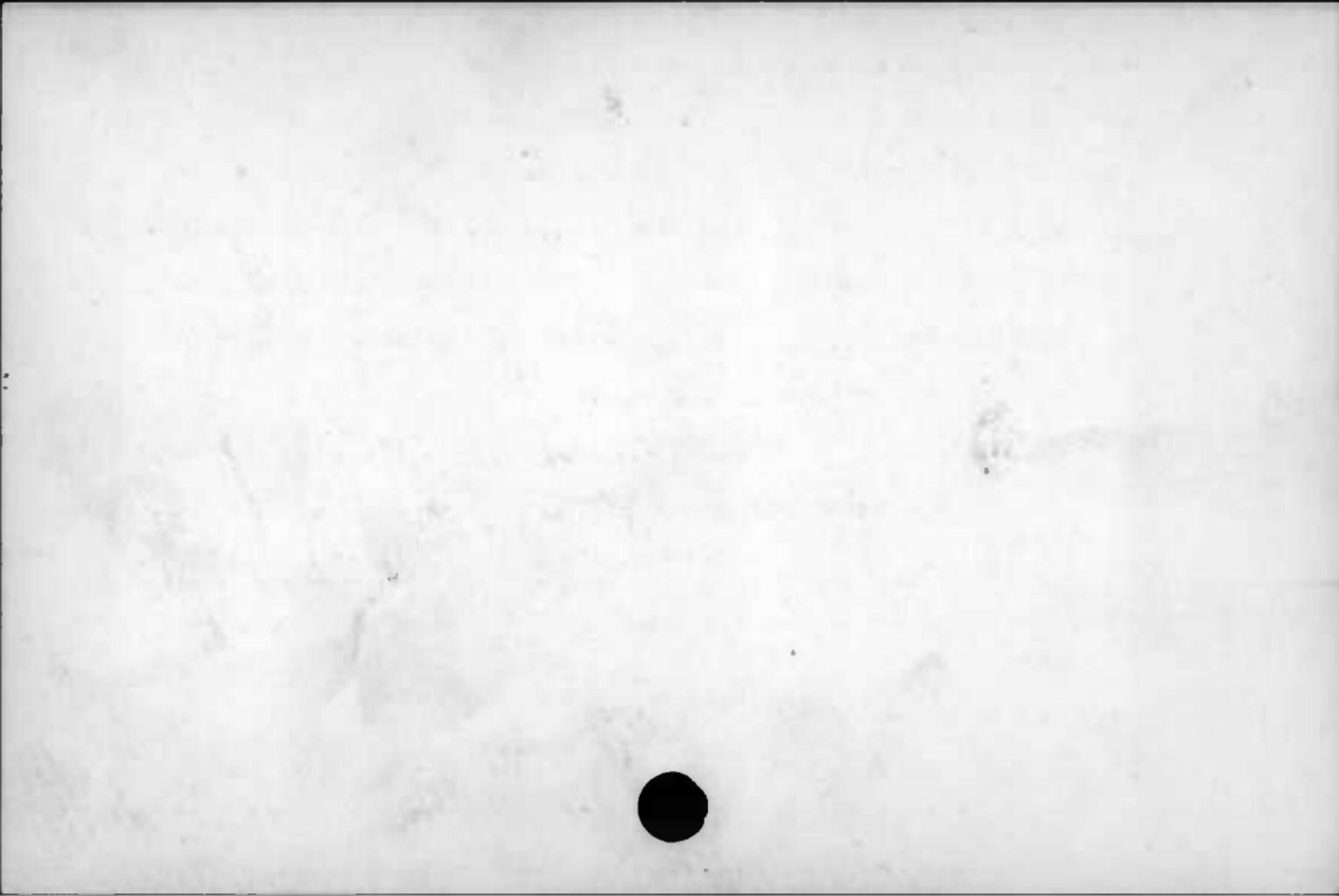
Yes

Signature of Physician

Address

Whiteley,  
Catonsville  
Md.

Accident or Suicide?



Name  
in  
Full

William P. Biggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Arlington</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>18</u>	Years <u>36</u>	Months <u>4</u>	Days <u>23</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Cincinnati Ohio</u>			
Occupation <u>Horse Trainer</u>	Where Residing if not at place of death <u>Arlington</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Lottie L. Biggs</u>				
Father's Name <u>John S. Biggs</u>	Father's Birthplace <u>Ohio</u>				
Mother's Maiden Name <u>Martha George</u>	Mother's Birthplace <u>Baltimore, Md</u>				
Name of person giving Information <u>William L. Russell</u>	How related to deceased <u>Father-in-law</u>				

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

27

new line

Primary Tuberculosis 3 years.

Immediate Exhaustion

How long

new line

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M.C. Faraday  
8th & Balt., Md.

Accident or Suicide?

Stewart & Mowen Co  
215 Park Ave

for interments in  
Druid Ridge Cemetery  
May - 20 - 1908.

Name  
in  
Full

Joseph Gibson Blucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Roland Park Town Baltimore County

MARYLAND

Date of death 1908 Month May Day 11 Years 1 Months 6 Days 2

Sex Male Color or Race White Birth-place Roland Park Md.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Clarence Blucker Father's Birthplace Baltimore

Mother's Maiden Name Francis Herman Stoerger Mother's Birthplace Baltimore

Name of person giving information Clarence Blucker How related to deceased Father

114

CAUSES OF DEATH

Primary He was found dead in bed. Had not been sick  
How long

Immediate Joy disturbed Liver evidently on thumb Palpation  
How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

M. Gibson Blucker

Address

Roland Park, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide? No

OK.

Thomas O. Hanley

Crown

Roland Park

Baltimore

Ind.

May 13 - 1918

St Mary Center  
Camden

A. J. Marshall

3539 Fall Rd

Name  
in  
Full

Hebster D. Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County			
Date of death 1908	Month	Day	Years	Months	Days	
Sex male	Color or Race		Age 44	Birth-place		
Married, Single or Widowed			Occupation Farmer			
Name of Wife or Husband						
Father's Name	John Bond		Father's Birthplace		unknown	
Mother's Maiden Name	Catharine Clayton		Mother's Birthplace		unknown	
Name of person giving Information	Martha J. Bond		How related to deceased		Wife	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

27

How long

6 years

Immediate

Tuberculosis

How long

28 years

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. G. H. Davis

Address

Pleasantville  
Harford Co. Md.

Accident or Suicide?

over

This house was  
disinfested on  
May 28. 1908

J. F. & Gorsuch  
Dist. H. S. / 1908

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

<i>Jerry Briseire</i>				CERTIFICATE OF DEATH				
Died at <i>12th Street</i> <small>Town</small>		County <i>Baltimore</i>		MARYLAND				
Date of death <i>1908 May 8</i>	Month <i>May</i>	Day <i>8</i>	Years <i>53</i>	Months <i>—</i>	Days <i>—</i>			
Sex <i>male</i>	Color or Race <i>Oregeo</i>	Birth-place <i>unknown</i>						
Occupation <i>Farm Laborer</i>	Where Residing if not at place of death							
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Don't know</i>							
Father's Name <i>Don't know</i>			Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>J. B. Tarbert</i>			How related to deceased <i>Employer</i>					

## CAUSES OF DEATH

10

Primary

*In Grippe, + Senility*

How long

*about 3 mos ago*

Immediate

*Exhausting illness a dangerous &*

How long

*about 1 month.*PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

*J. B. Tarbert*

Address

*Center & 12th Sts.*

Accident or Suicide?

Felix B. Ryk No 28 Mulberry St  
Baltimore City

Place of Birth  
asberry ~~Don~~ Community  
in Baltimore

May 10 1808 MD

Name  
in  
Full

(Priscue) Lenard

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1908	Month May	Day 8	Age 48	Years	Months Days
Sex	Male	Color or Race	white	Birth-place	Md.	
Occupation	Farmer		Where Residing if not at place of death	<input checked="" type="checkbox"/>		
Married, Single or Widowed	Single		Name of Wife or Husband	<input checked="" type="checkbox"/>		
Father's Name	unk		Father's Birthplace	unk		
Mother's Maiden Name	unk		Mother's Birthplace	unk		
Name of person giving information			How related to deceased			

CAUSES OF DEATH

93

How long

9 yrs.

How long

2 days.

PHYSICIAN  
OR CORONER

Primary

Epileptic Insanity

Immediate

Lobar Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Ys

Signature of Physician

Dr. Ray. Kline

Address

Clarksboro. Md

Accident or Suicide?

No

Jos. B. Cook,  
Green Mount.

Anne Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	white	Birth-place
Occupation	Wife	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	Wife	Birthplace
Father's Name	George Brown	Germany		
Mother's Maiden Name	Wof Brown	Germany		
Name of person giving information	Joseph Smith	Germany		
CAUSES OF DEATH				
Primary	45			
Secondary	Secondary pro.			
Immediate	Hemorrhage - Exhaustion			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		

PHYSICIAN  
OR CORONER

Sarcos - Abdominal

How long

Secondary pro.

Immediate

Hemorrhage - Exhaustion

How long

few minute

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A. Gibbons Smith

Address

Tuckerville

Initials

St. Mary's Cemetery  
Hampton.

John Burrows  
Treasurer

Name  
in  
Full

Frances A Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1908	Month May	Day 9	Years 82	Months
Sex	Female	Color or Race	white	Birth-place	Maryland
Occupation	None	Where Residing if not at place of death			Catonsville, Md.
Married or Widowed		Name of Wife or Husband	Wm L. Brown		
Father's Name	Wm J. Barton	Father's Birthplace	Maryland		
Mother's Maiden Name	Not Known	Mother's Birthplace	not known		
Name of person giving information	H.K. Zimmerman	How related to deceased	Daughter.		

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

Old Age

How long

10 yrs

Immediate

asthenia

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Marshall B. West.  
Catonsville, Md.

Accident or Suicide?

Dear Doctor, <sup>May 9<sup>th</sup> 1908</sup>  
Please grant  
Permit for burial in  
Green-Wood Cemetery and  
oblige Stewart & Moran Co

Name  
in  
Full

Harry E Buck

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

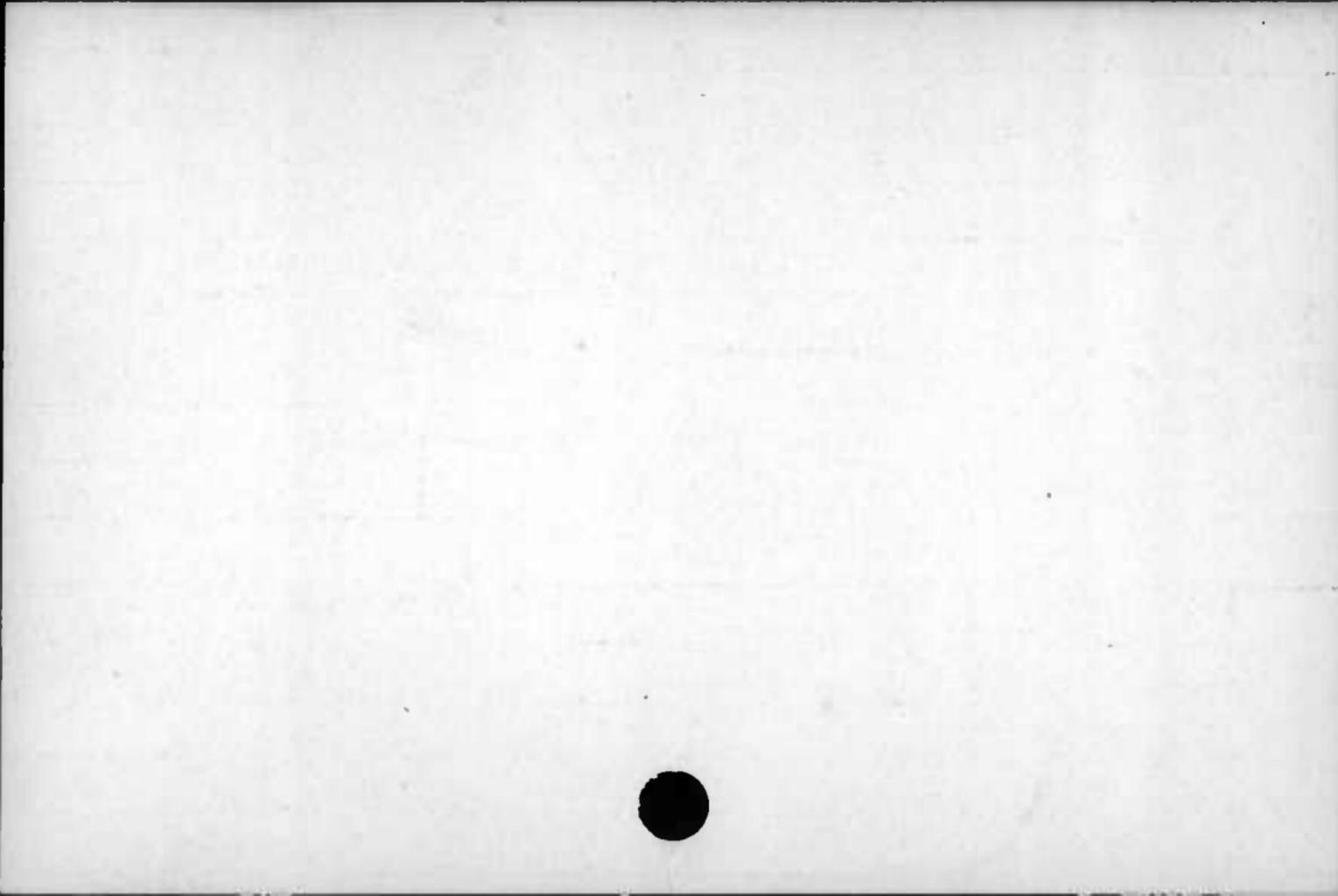
Town	County	MARYLAND		
Died at	Baltimore	Month	Day	Years
Date of death	1908	May	27	117
Age	40	Months	Years	Days
Sex	Male	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Baltimore Md	
Father's Name	Unknown			
Mother's Maiden Name	" "			
Name of person giving information	Needs at St. Hope Remain not at all			

CAUSES OF DEATH

68

PHYSICIAN  
OR CORONER

Primary	Mania aenli	How long	3 weeks
Immediate	8+	How long	10 days -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Frank J Flannery
		Address	Mt Hope Retreat Mt Hope Md
Accident or Suicide?			



Name  
in  
Full

Frances M. G. Burkhardt.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Michael Burkhardt			
Father's Name	Not Known		Father's Birthplace	Not Known	
Mother's Maiden Name	Not Known		Mother's Birthplace	Not Known	
Name of person giving information	Chas. Burkhardt.		How related to deceased	Sister	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis  
Chancery

66

How long

Two months

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

O. D. Long

Address

2729 Grant Ave  
Balt. Md.

Accident or Suicide?

No

St. Paul's Cemetery  
Monday May 25<sup>th</sup> '18.  
H. Sande Ban.

Name  
in  
Full

Concluus Bulky

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1908	May	6	Age
Sex	Color or Race	Birth-place	Months
female	Black	Siams	Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Sams	
Father's Name	Edward Bulky	Father's Birthplace	W Va
Mother's Maiden Name	Sadi Bulky	Mother's Birthplace	Ind
Name of person giving information	Sadi Bulky	How related to deceased	mother

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

Marasmus

Immediate

Coma

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

How long

How long

all life

few hours

R. J. Shiple

Siams

Chas Hall

Name  
in  
Full

Naomie Burns

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Granite

Town

County

Baltimore

Date of death 1908

Month

Day

Years

16

Age

32

Months

Days

Sex

female

Color or Race

white

Birth-place

Ind

Occupation

Housewife

Where Residing if not  
at place of death

Mt. airy Ind.

Married, Single  
or Widowed

married

Name of Wife or Husband

Silas Burns

Father's Name

Don't know

Father's Birthplace

Don't know

Mother's Maiden Name

Don't know

Mother's Birthplace

Don't know

Name of person giving  
Information

John Ditty

How related  
to deceased

none

CAUSES OF DEATH

93

How long

6 days

How long

2 or 3 hours

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Immediate

Cardiac asthma

Are the name, age, sex, color, date  
and place correctly given above?

yes

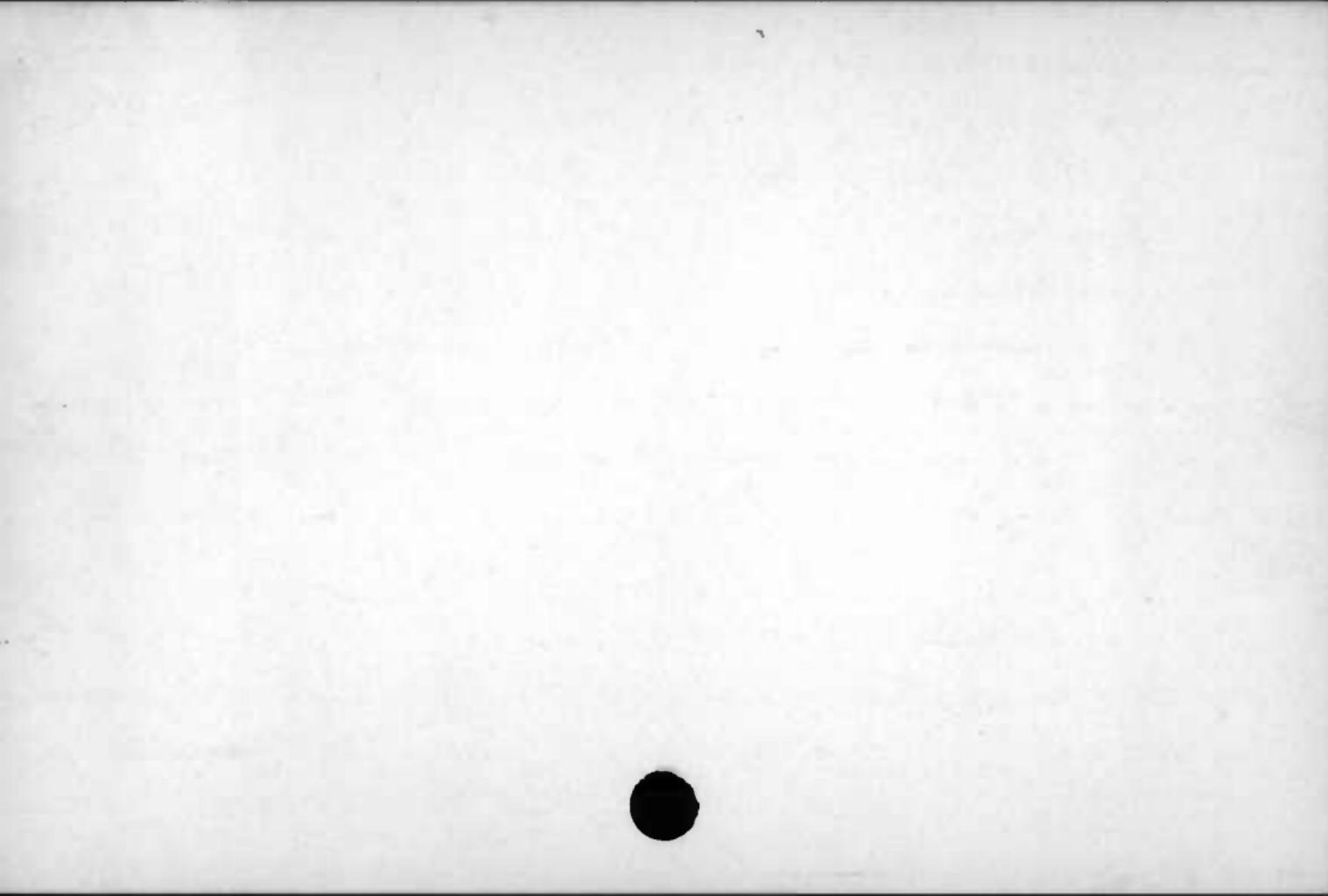
Signature of  
Physician

Address

D. J. Murphy and  
Son

Accident or Suicide?

no



Name  
in  
Full

Mary Caldwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	
Died at 415 West	Baltimore	County
Date of death 1908	Month May	Day 2
Age 92	Years 92	Months
Sex Female	Color or Race white	Days 7
Occupation Wife	Where Residing if not at place of death	
Married, Single or Widowed	Name of Wife or Husband	
Father's Name	James Freeman	
Mother's Maiden Name	Ruth Summers	
Name of person giving information	Fannie May	
CAUSES OF DEATH		
Primary	154	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address

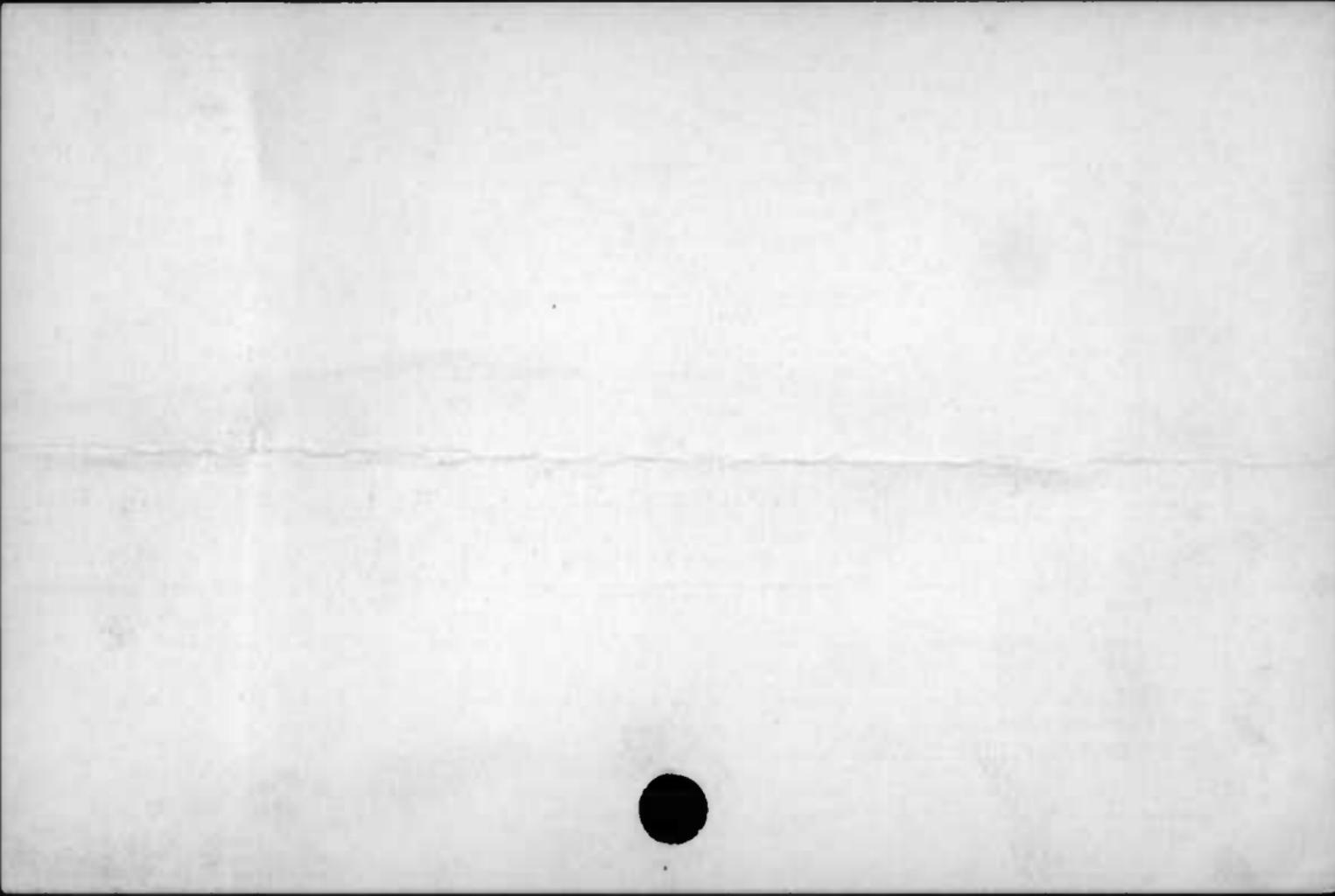
PHYSICIAN  
OR CORONER

Yes

Signature of Physician

Address

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

<p>(DeLlyahan) Elizabeth.</p>				CERTIFICATE OF DEATH		
Died at		Town Baltimore	County Baltimore	MARYLAND		
Date of death	1908	Month May	Day 27	Age 84	Years	Months
Sex	Female	Color or Race white	Birth-place Maryland.			
Occupation	None	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed	Single	Name of Wife or Husband	<input checked="" type="checkbox"/>			
Father's Name	unk				Father's Birthplace	unk
Mother's Maiden Name	unk				Mother's Birthplace	unk
Name of person giving Information				How related to deceased <input checked="" type="checkbox"/> -		

## CAUSES OF DEATH

92

How long

How long

Primary Terminal Dementia 20 yrs

Immediate Bronchi- Pneumonia 3 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician

Address

Accident or Suicide? No.

Percy Wede

Baltimore Md



Name  
in  
Full

Jennie McCallahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Most Hope Retreat</u>		Town <u>Baltimore</u>	County <u>Baltimore</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>27</u>	Years <u>26</u>	Months <u>unknown</u>	Days <u>unknown</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Md -</u>			
Occupation <u>Dressmaker</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>				
Mother's Maiden Name <u>"</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Reeds at Most Hope Retreat</u>	How related to deceased <u>not at all</u>				
CAUSES OF DEATH					
Primary <u>Melancholia Agitata</u>	How long <u>1 year -</u>				
Immediate <u>Ex. Cerebral Congest &amp; meningitis</u>	How long <u>10 or 12 days</u>				
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Frank J. Flannery</u>				
	Address <u>Most Hope Retreat</u>				
Accident or Suicide? <u>None</u>					



Name  
in  
Full

Martha Ann Carey  
Stevenson Bullo county

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County					
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race	Age	49	3			
Occupation	Where Residing if not at place of death		Stevenson				
Married, Single or Widowed	Name of Wife or Husband	Married Wha Carey					
Father's Name	Edward Simmons					Father's Birthplace	virginia
Mother's Maiden Name	Mary ann McFacil					Mother's Birthplace	virginia
Name of person giving information	Benetice Desplads.					How related to deceased	Sister,

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis  
Immediate Escharma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Nathan R. Snell  
Brooklandville

Address

27

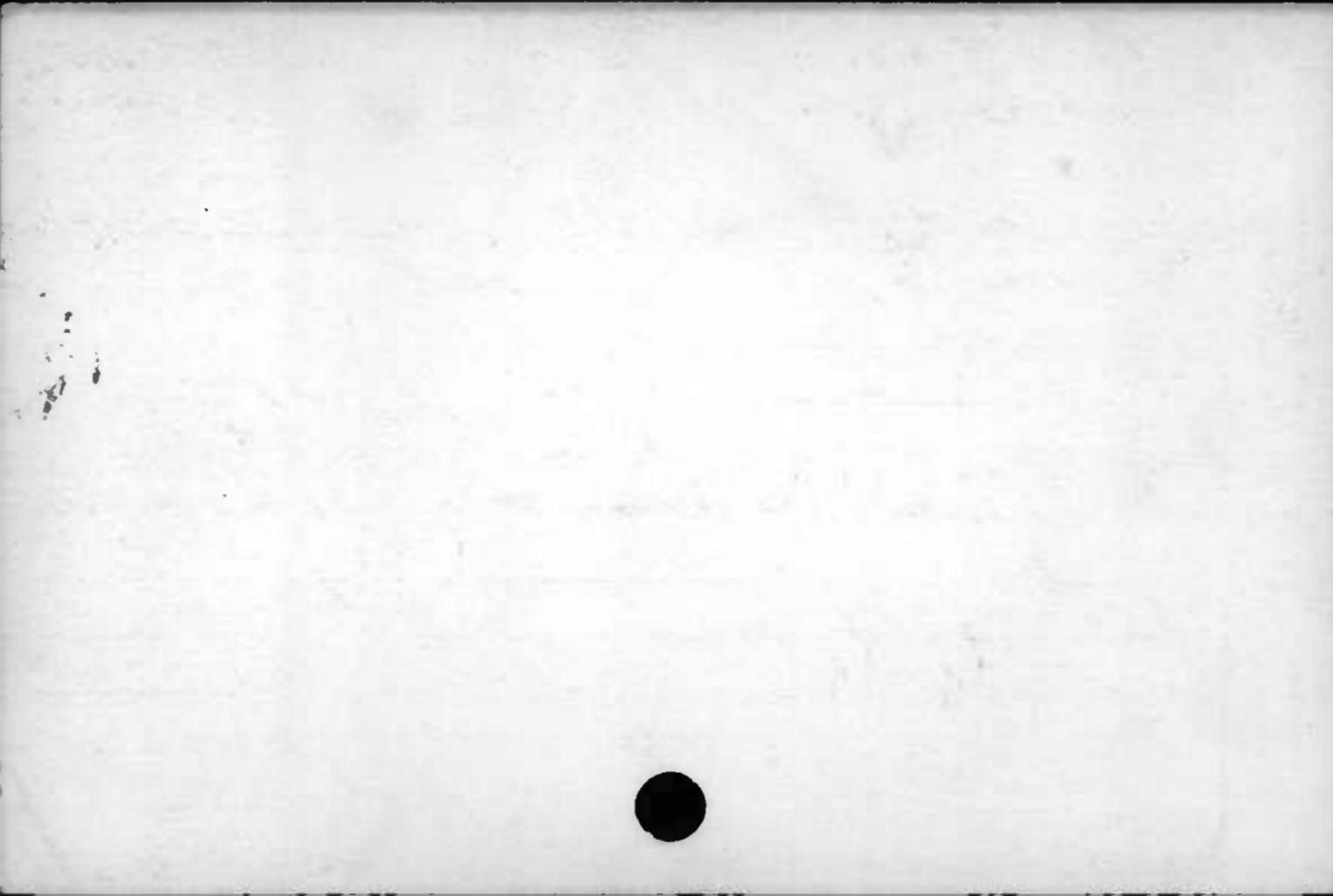
How long

2 yrs

How long

1 day

Accident or Suicide?



Name  
in  
Full

Mary Cashin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

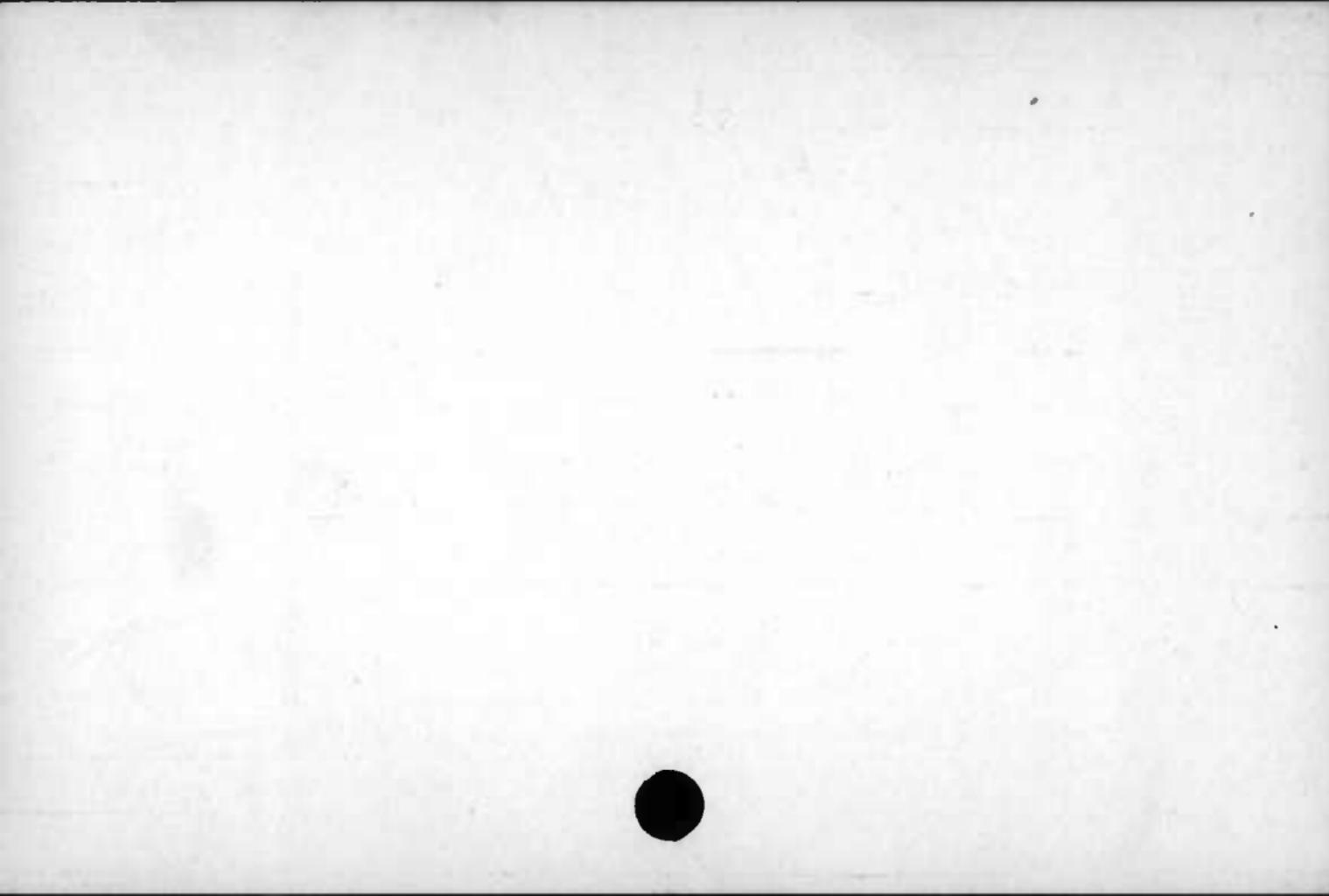
Died at <u>Not Hope Retreat</u>		Town <u>Baltimore</u>	County <u>Baltimore</u>	MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>6<sup>th</sup></u>	Years <u>47</u>	Months <u>not known</u>	Days <u>not known</u>	
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Ga</u>		
Occupation <u>Religious</u>	Where Residing if not at place of death <u>Augusta Ga</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>not known</u>						Father's Birthplace <u>not known</u>
Mother's Maiden Name <u>" "</u>						Mother's Birthplace <u>" "</u>
Name of person giving information <u>Reeds Not Hope Retreat</u>						How related to deceased <u>not at all</u>

CAUSES OF DEATH

68

PHYSICIAN  
OR CORONER

Primary <u>Maria Chronic</u>	How long <u>over 8 years</u>
Immediate <u>Exhaustion</u>	How long <u>about 2 wks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Frank J Flannery</u>
	Address <u>Not Hope Retreat</u>
Accident or Suicide? <u>no</u>	



Name  
in  
Full

Emmanuel Cedrino

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	Turin, Italy	
Occupation	Foreman Auto Repair Shop			Where Residing if not at place of death	Lynbrook, L. I.	
Married, Single or Widowed	Name of Wife or Husband		Name of Spouse			
Father's Name	Matthew Cedrino			Father's Birthplace	Italy	
Mother's Maiden Name	Lucie Chiavazza			Mother's Birthplace	N. Italy	
Name of person giving information	Matthew Lublins			How related to deceased	Step-brother	

(Killed instantly in an accident which occurred while racing an automobile.)

CAUSES OF DEATH

164

Primary	Automobile (Automobile accident.)	How long	Immediate
Secondary	Accidental	How long	Immediate
Immediate	Fractured skull &c.	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Person	H Holliday Enrich
		Address	Arlington Md. D. C.
Accident or Suicide?		Accident	

Mr. G. R. Lanthrop

901 Great North Ave

Name  
in  
Full

Richard Aubrey Chesley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
· NEAREST FRIEND

Died at Baltimore		Town County		MARYLAND		
Date of death 1908	Month May	Day 21	Age 5	Years —	Months 11	Days —
Sex Male	Color or Race Caucasian	Where Residing if not at place of death —		Birth- place Baltimore		
Occupation Chewer	Name of Wife or Husband —					
Married, Single or Widowed —	Father's Name Richard A. Chesley		Father's Birthplace Baltimore			
Mother's Maiden Name Emily Thomas			Mother's Birthplace Baltimore			
Name of person giving Information Richard A. Chesley			How related to deceased Father			

CAUSES OF DEATH

Primary	Severe burns from wood fire	How long 1 month
Immediate		How long

Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician S.C. Carrico M.D.	Address Bryantown, Md.
Accident or Suicide?		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Hellen M. Clements  
Town  
Baltimore County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Dell		County	Baltimore	
Date of death	1908	Month	May	Day	24
Years			Age	91	
Sex	Female		Color or Race	White	
Occupation	House		Where Residing if not at place of death	Bella	
Married, Single or Widowed	Single		Name of Wife or Husband	House	
Father's Name	Walter S. Clements		Father's Birthplace	Maryland	
Mother's Maiden Name	Mary S. Sweet		Mother's Birthplace	Maryland	
Name of person giving information	Walter S. Clements		How related to deceased	105	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Lymphangitis of Bowel

8 days

Immediate Exhaustion

How long  
24 hours

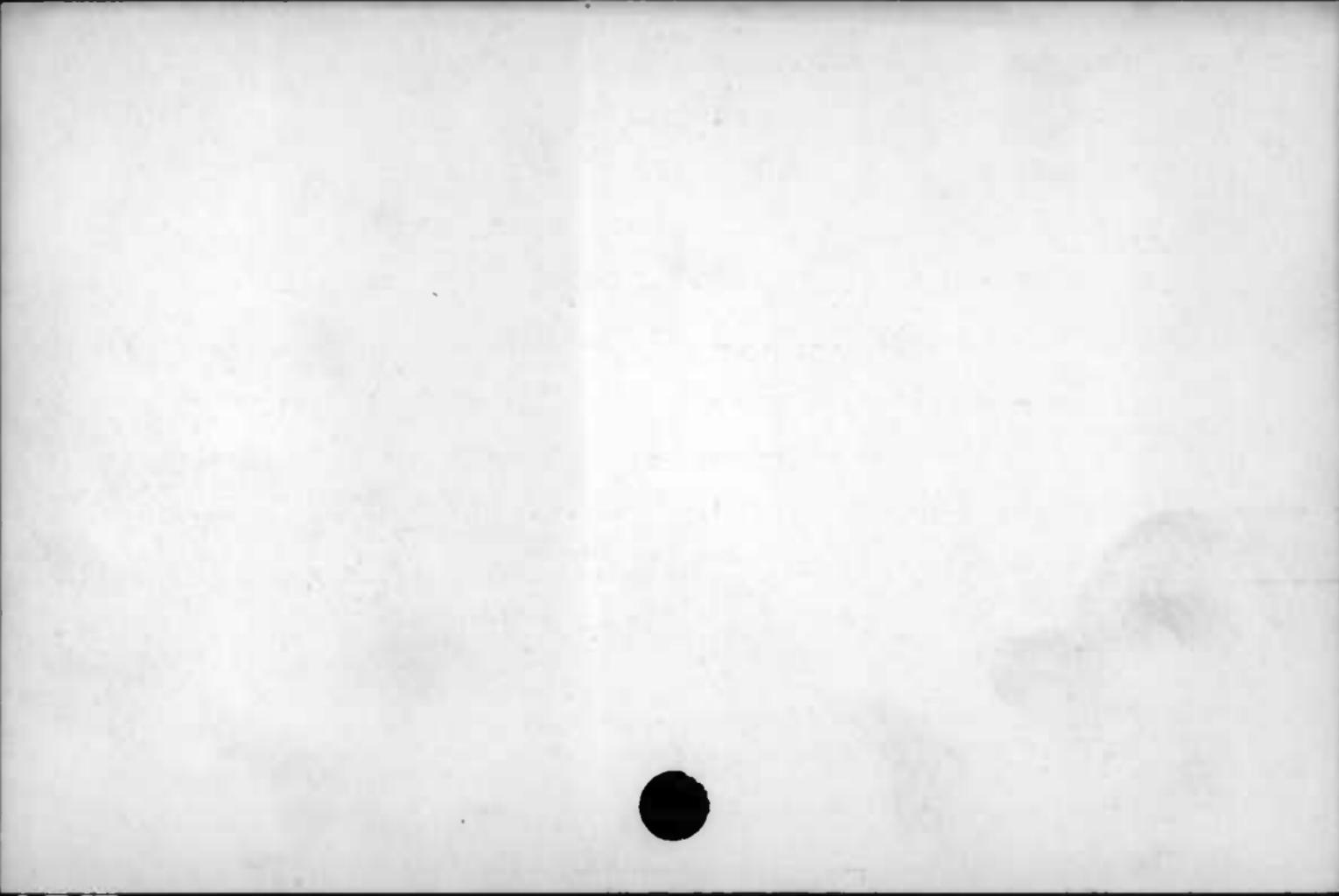
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

John B. Dromgo  
Elm Court Hotel

Address

Accident or Suicide?



Name  
in  
Full

Lawrence C. Cofil

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Joshua Cofil			Father's Birthplace	Ind
Mother's Maiden Name	Clara Esser			Mother's Birthplace	Ind
Name of person giving Information	Joshua Cofil			How related to deceased	Father

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary

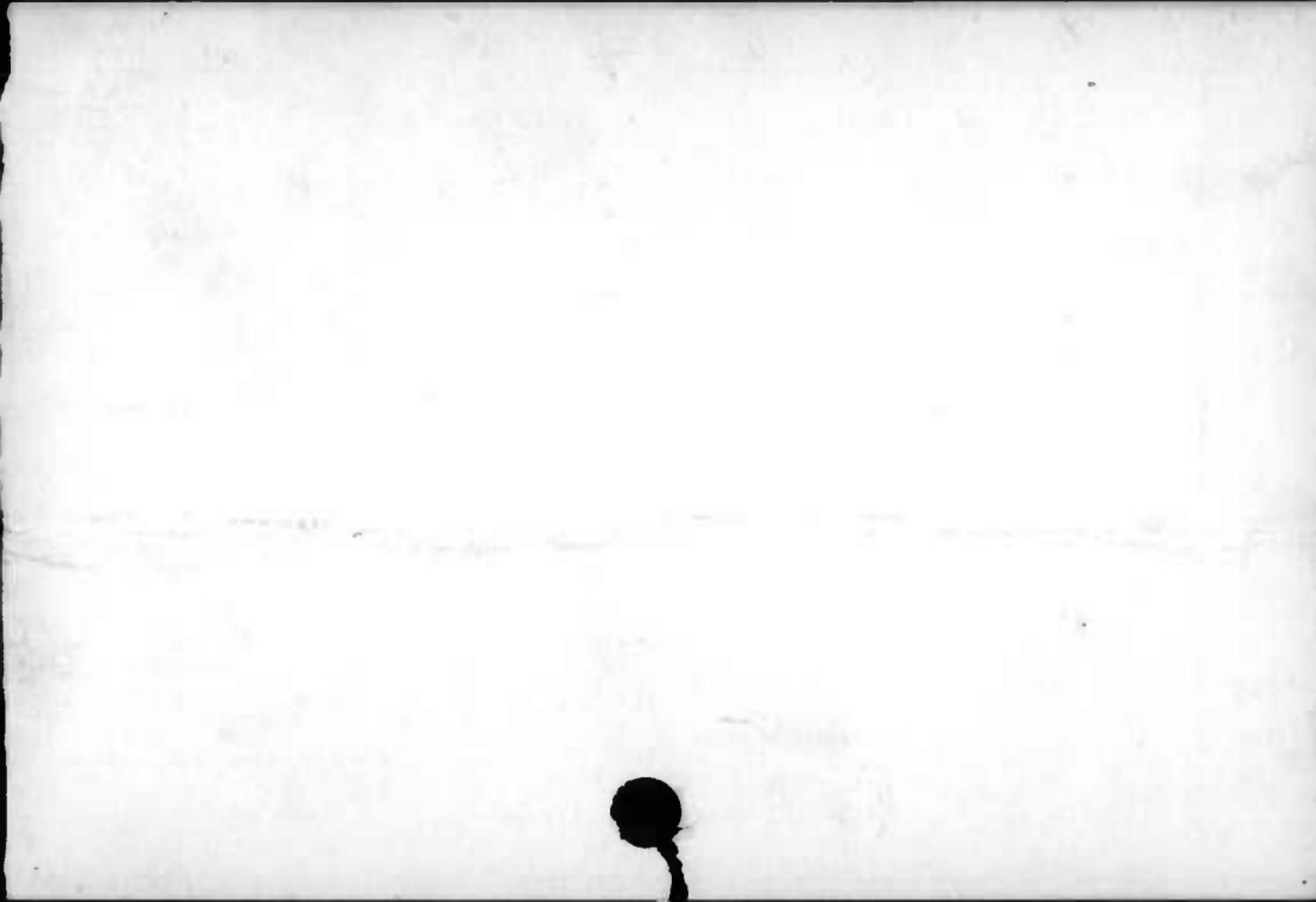
Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Colis

Died at Canton

Town

Balto

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Month

Day

Years

Date  
of death 1908

May

27

Age

40

Months

—

Days

Color or  
Race

40

Colored

Birth-  
place

Rhymeyen

Sex

Male

Rock St.

Occupation

Laborer

Where Residing if not  
at place of death

Married, Sing.

Married

Name of Wife or

Husband

Unknown

Father's

Name

— Unknown

Father's

Birthplace

Unknown

Mother's

Maiden Name

Unknown

Mother's

Birthplace

Unknown

Name of person giving

Information

—

How related

to deceased

Unknown

Unknown

CAUSES OF DEATH

164

How long

Primary

Fractured skull, due  
to being crushed between Wharf Bolt Ground

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

3426 E. Balt St

Accident or Suicide

216 Rick St.  
Balti Md;  
May 22/08

R.A. Elliott  
506 Rogers Av.

Name  
in  
Full

Daniel Edward Coyle.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

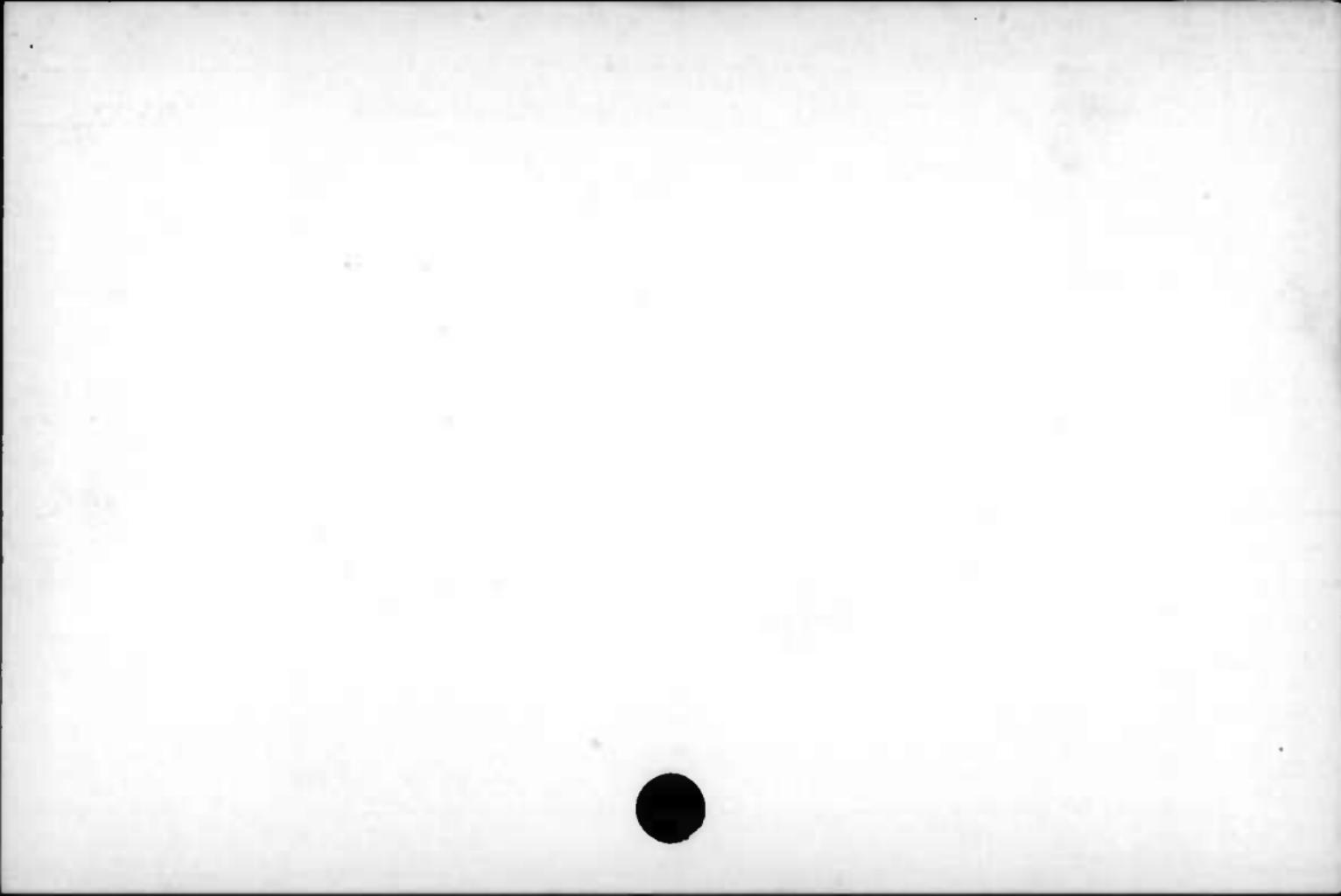
Died at Calaisville		County Bala		MARYLAND	
Date of death 1908	Month May	Day 9	Years 1	Months -	Days -
Sex Male	Color or Race White	Birth-place Calaisville			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John Joseph Coyle				
Mother's Maiden Name	Mary Mullin				
Name of person giving Information	John J. Coyle				
CAUSES OF DEATH					
Primary	Acute Nephritis				
Immediate	Convulsions.				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
Yes				6 L Wallfield Rd Calaisville Md	
Accident or Suicide?					

119

PHYSICIAN  
OR CORONER

1 week

24 hr



Name  
in  
Full

Henry Grilley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Long Green</u> Town		<u>Baltimore</u> County		MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>8</u>	Age <u>77</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Ireland</u>	<u>Montgomery</u>	
Occupation <u>Laborer</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Widowed</u>	Name of Wife <u>Hannah</u>	<u>Mary Kennedy</u>				
Father's Name <u>John Grilley</u>			Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Annie McElday</u>			Mother's Birthplace <u>Ireland</u>			
Name of person giving Information <u>Emmard Grilley</u>			How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

44

How long

Five or six years

How long

" " "

PHYSICIAN  
OR CORONER

Primary

Cancer of nose

Immediate

Old age & general debility

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

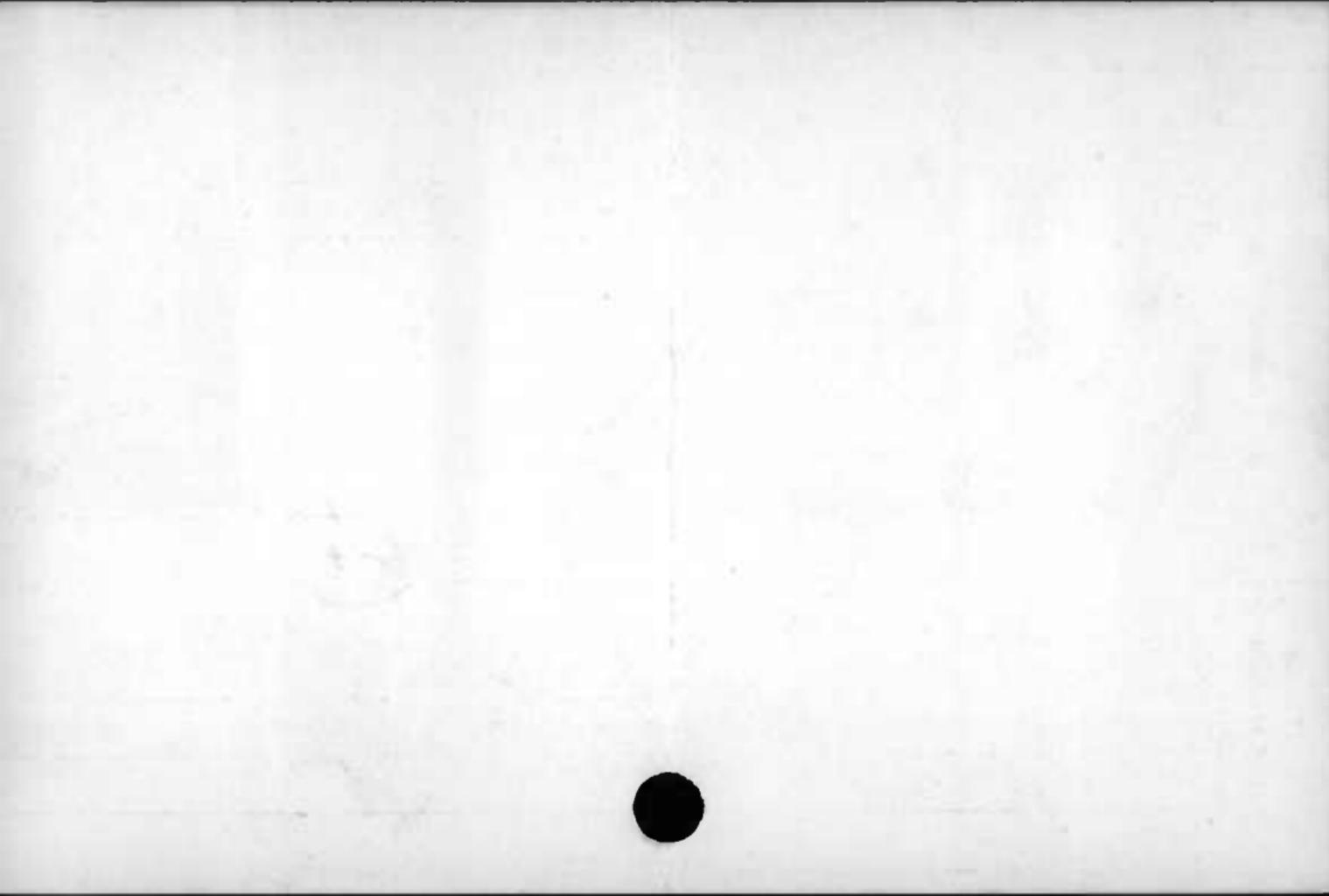
Address

John S. Green

Gittings

Md.

Accident suicide?



Name  
in  
Full

Miss Ida Louisa Crosby

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>McDowell</u> <sup>new</sup> <u>Leatonsville</u> <u>Town</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>3<sup>rd</sup></u>	Years <u>54</u>	Months <u>—</u>	Days <u>13</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birthplace <u>Bach. Co. Md.</u>			
Occupation <u>Household duties</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Samuel Kirk Crosby</u>	Father's Birthplace <u>Troy, N.Y.</u>				
Mother's Maiden Name <u>Georgiana Brooks</u>	Mother's Birthplace <u>Bethelton, Md.</u>				
Name of person giving Information <u>Miss Miriam Crosby</u>	How related to deceased <u>Sister.</u>				

CAUSES OF DEATH

41

PHYSICIAN  
OR CORONER

Primary

Intestinal carcinoma

How long

3 mos. or longer

Immediate

Syncope

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Harold Morrison  
Dickgess, Md.

Accident or Suicide?

2900000

2018-04-16

2900000

Name  
in  
Full

Emma B. Cross

CERTIFICATE OF DEATH

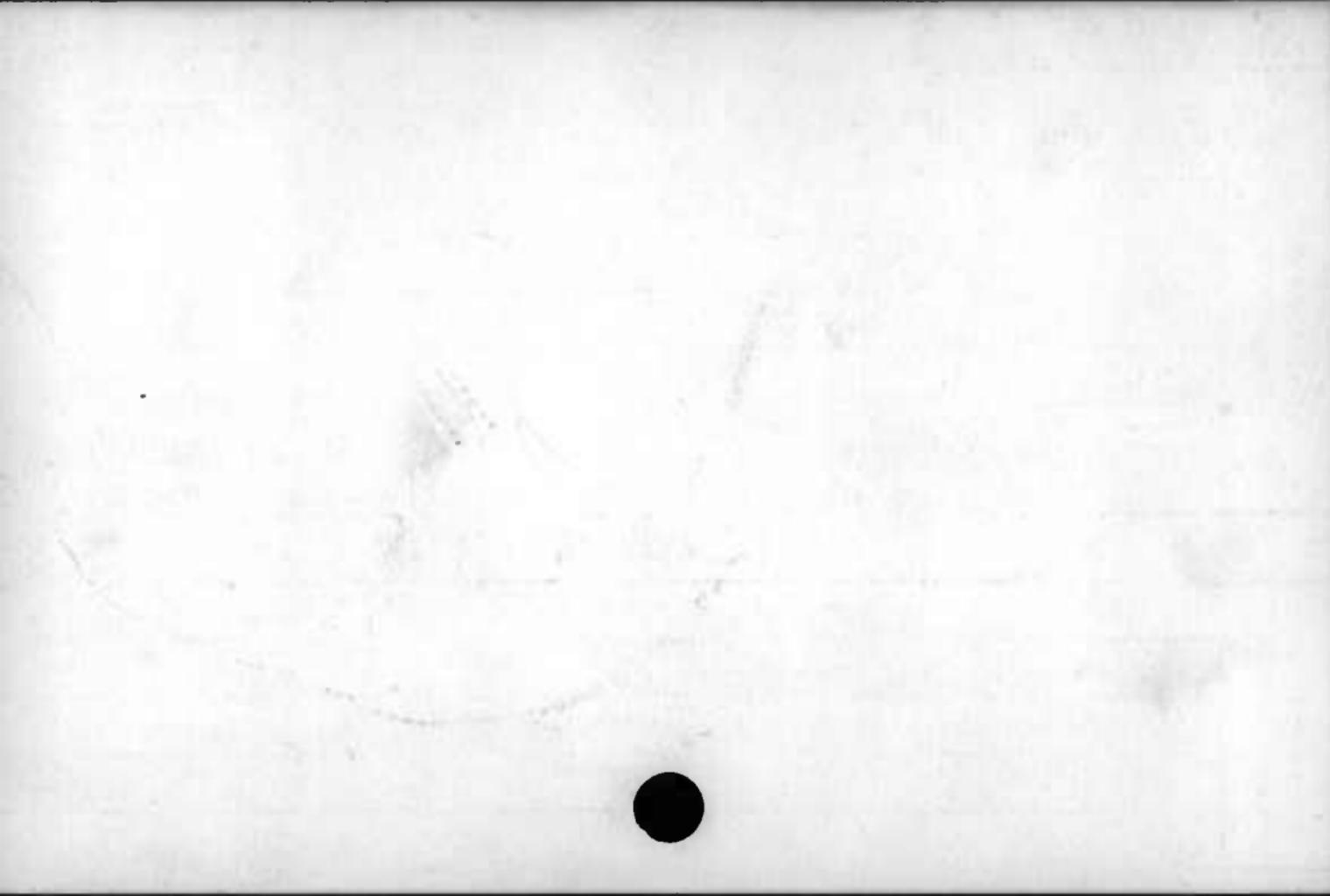
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Parkton		Town P.O.	County Baltimore		MARYLAND	
Date of death	1908	Month May	Day 9	Years 5-9	Months 3	Days
Sex	Female	Color or Race	White	Birth-place	Maryland	
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Philip J. Cross			
Father's Name	John Hayes			Father's Birthplace	Unknown	
Mother's Maiden Name	Rosanna Cole			Mother's Birthplace	Unknown	
Name of person giving Information	Sallie Stiffler			How related to deceased	Not related	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhocular Pleurisy		27	How long
Immediate	Pulmonary Thrombosis		4 days.	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Joseph S. Baldwin	
		Address	51 Roland Baltimore Co.	
Accident or Suicide?				



Name  
in  
Full

Hazel M. Deity

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	May	8 <sup>th</sup>	No	>	25
Sex	female	Color or Race	white	Birth-place	Baltimore
Occupation	House	Where Residing if not at place of death	Nit Winkans		
Married, Single or Widowed	Single	Name of Wife or Husband	Baby.		
Father's Name	Charles Henry Deity	Father's Birthplace	Baltimore		
Mother's Maiden Name	Margaret Rischkoff	Mother's Birthplace	Baltimore		
Name of person giving information	Patricia Deity	How related to deceased	Grandmother		

CAUSES OF DEATH

27

How long

5 months

How long

1 week

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R V Glaser  
Nit Winkans  
Md

Accident or Suicide?

Chas. E. France.

London Park.

Name  
in  
Full

Ges Adams Deltke

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Art Waukes</u>		Town <u>Ballimore</u>		County <u>MARYLAND</u>			
Date of death <u>1908</u>	Month <u>May</u>	Day <u>29</u>	Years <u>49</u>	Age	Months <u>no</u>	Days <u>12</u>	
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Ballimore</u>					
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Art Waukes</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Hattie Deltke</u>						
Father's Name <u>unknown</u>	Father's Birthplace <u>unknown</u>						
Mother's Maiden Name <u>unknown</u>	Mother's Birthplace <u>unknown</u>						
Name of person giving information <u>Mary Deltke</u>	How related to deceased <u>Daughter</u>						

CAUSES OF DEATH

27

How long

1 year

How long

2 weeks

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

yes

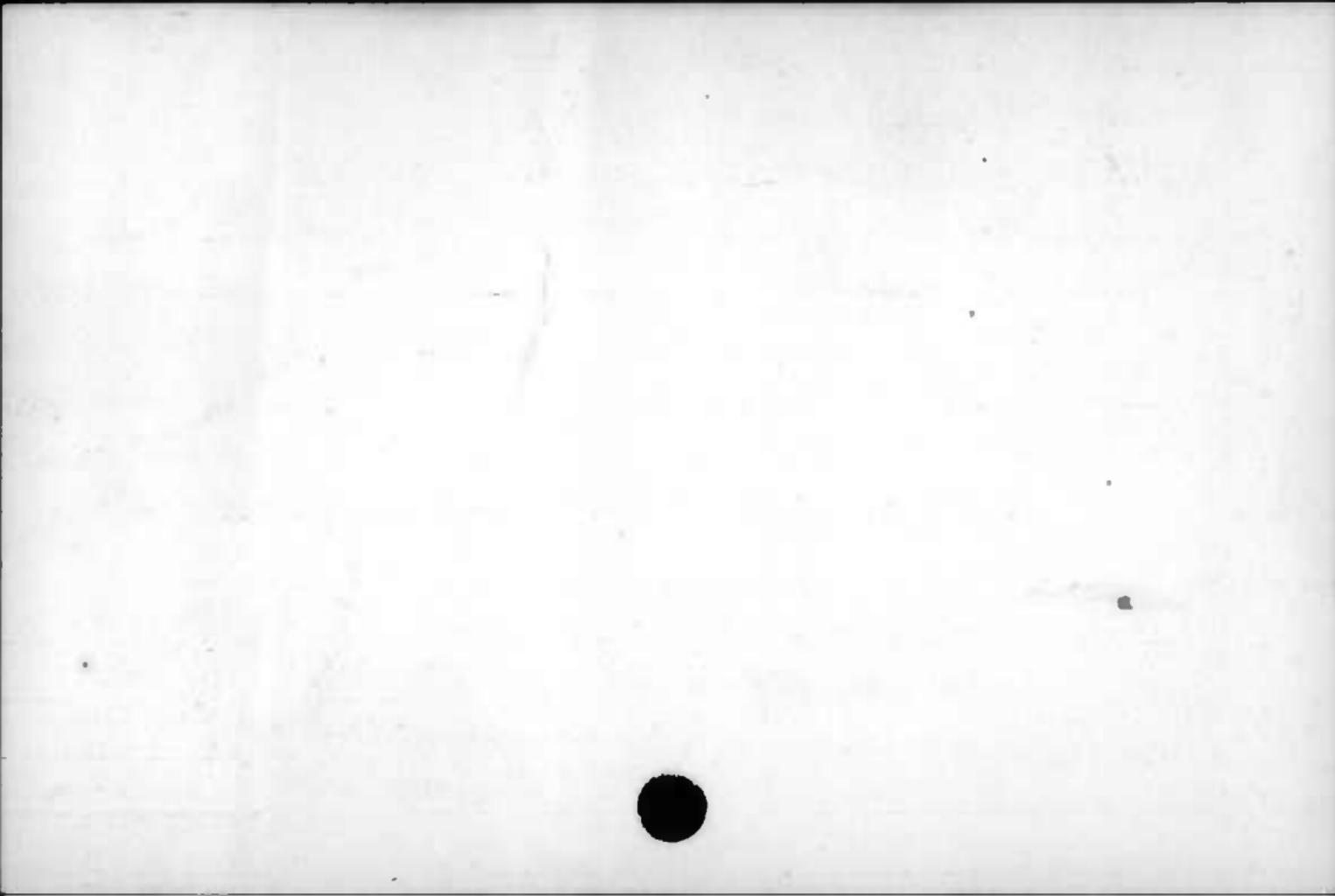
Signature of  
Physician

Address

D. C. Glaner  
Art Waukes

Accident or Suicide?

dr. C.



Name  
in  
Full

Kate Delker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death		Month	Year	Age	Months	Days	
Sex	Color or Race		Birth-place				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband		West Winsans Belco				
Father's Name	George Delker					Father's Birthplace	Gurney
Mother's Maiden Name	Magdalena Soder					Mother's Birthplace	Gurney
Name of person giving Information	Magdalena Soder					How related to deceased	Daughter

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

9 Months

Immediate

Exhauation

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Frank H. Ruhl  
Lansdowne Balt Co Md

Accident or Suicide?

Jo Jorden & Son  
Western Cemetery

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Mrs Sophie Deonitz  
Died at Somers, Md. on R.R. Baltimore

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County				
Date of death	Month	Day	Age	Years	Months Days	
Sex	Color or Race	Where Residing if not at place of death	Birth-place			
Occupation		3324 Center Place	Oagon Alley			
Married, Single or Widowed	Name of spouse Husband			Father's Birthplace	Bohemia	
Father's Name	Married			Mother's Birthplace	Bohemia	
Mother's Maiden Name	1 don't know			How related to deceased	Bohemia	
Name of person giving information	Unknown		166	Daughter		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Shook bring Spruce  
by Rail Road Train Corner  
J. D. Dudds M.D.  
3406 ReBalto

23 & 4

Eeger Oliver  
Ap. Crabs

Name  
In  
Full

Louisa Godby Dunning

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Sherwood</u>		Town	<u>Baltimore</u>		Count	MARYLAND	
Date of death	1908	Month <u>May</u>	Day <u>13</u>	Years <u>—</u>	Months <u>—</u>	Days <u>18</u>	
Sex	<u>Female</u>	Color or Race	<u>White</u>		Birth-place	<u>Baltimore Co. Md</u>	
Occupation	<u> </u>		Where Residing if not at place of death		<u> </u>		
Married, Single or Widowed	<u>S.</u>	Name of Wife or Husband	<u> </u>		<u> </u>		
Father's Name	<u>Edward L. Dunning</u>		Father's Birthplace	<u>Quebec Can</u>			
Mother's Maiden Name	<u>Morah L. Lemon</u>		Mother's Birthplace	<u>Ireland</u>			
Name of person giving information	<u>Edward L. Dunning</u>		How related to deceased	<u>Father</u>			

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<u>Enteritis</u>		How long	<u>8 days -</u>
Immediate	<u>Interscapular &amp; exhaustion</u>		How long	<u>4 days -</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Eh. Wan M. F.</u>	
		Address	<u>200 W. Lafayette Ave.</u>	
Accident or Suicide?		<u>Baltimore, Md.</u>		

Henry H. Fleckin and Sons Co

Place of Burial

Donald Ridge Cem

---

Name  
in  
Full

Eliza Amanda Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Glyndon	Baltimore			
Date of death	Month	Day	Years	Months	Days
1908	May	8	68	7	-
Sex	Color or Race	Where Residing if not at place of death			
Female	white	Frederick Co			
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Married	B. S. Dixon				
Father's Name	Peter Thomas				
Mother's Maiden Name	Susan Whipple				
Name of person giving Information	B. S. Dixon				

CAUSES OF DEATH

119

How long

Primary

Nephritis

Don't know

Immediate

Acute nephritis

Causes  
death

How long

Five days

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

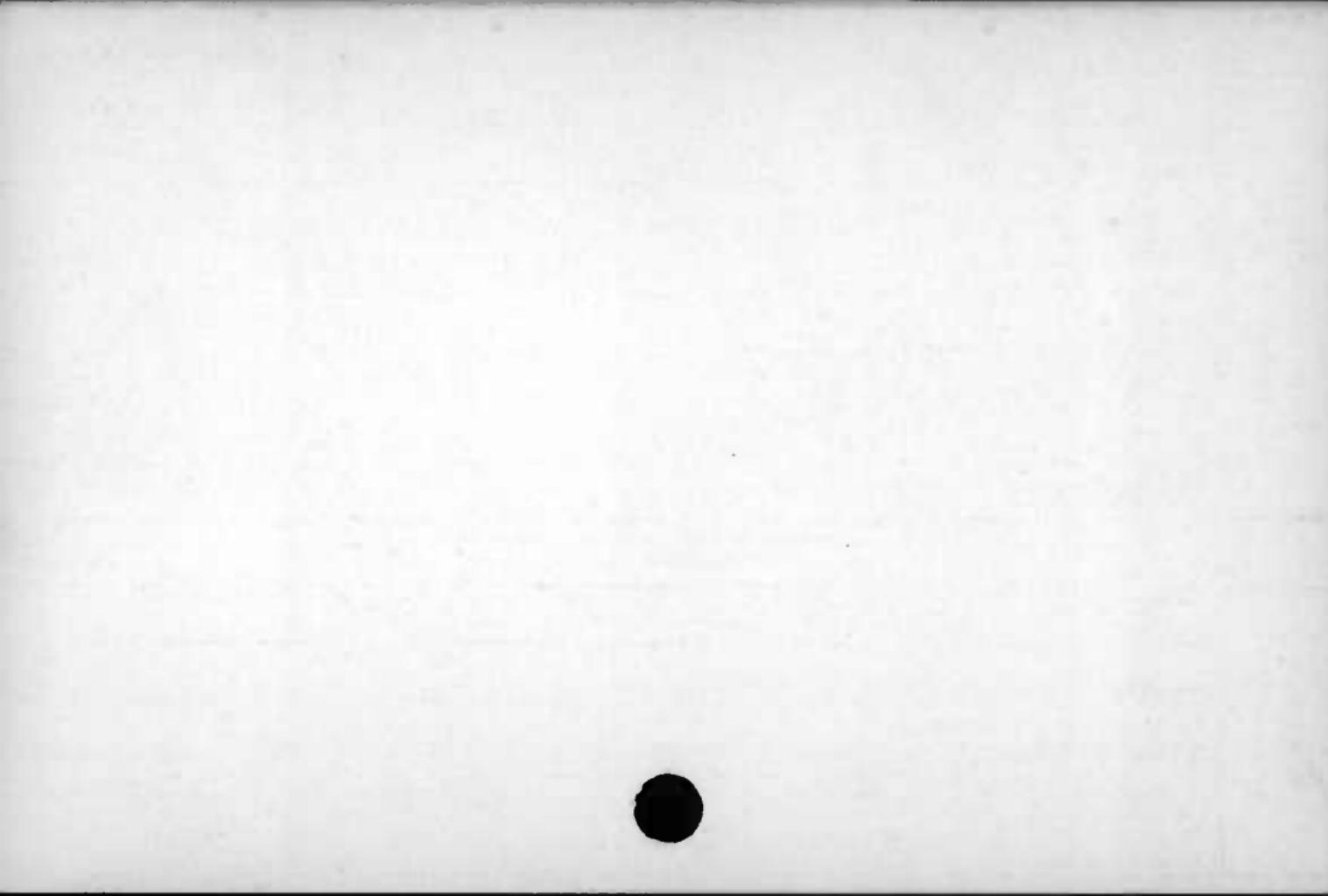
yes

Signature of  
Physician

Address

I. R. Randolph  
Glyndon

Accident or Suicide?



Name  
in  
Full

Stanisla A. Dörfler, -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month 5	Day 11	Years 71	Months 6	Days 8
Sex	Female	Color or Race	Catholic		Birth-place	Germany.
Occupation	House wife		Where Residing if not at place of death		Highlandtown -	
Married, Single or Widowed	Married	Name of Husband	John Dörfler		Father's Birthplace	Germany
Father's Name	John Fischer				Mother's Birthplace	Germany
Mother's Maiden Name	Angie Fischer				How related to deceased	Husband
Name of person giving information	John Dörfler					
Cancer of breast.		CAUSES OF DEATH				43
Primary	Carcinoma - Cancer				How long	1 year & 6 mos
Immediate	Cardiac syncope				How long	6 wks.
Are the name, age, sex, color, date and place correctly given above?		O. May		Signature of Physician	W. W. McDaniel, M.D.	
Address						
Accident or Suicide?						

PHYSICIAN  
OR CORONER

Wendell Dippey & Son  
330 S. Bond St.

---

Sacred Heart Cemetery  
May 14/08.

---

Name  
in  
Full

Dorsey, Charles E.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed	Name of Wife or Husband	Bertha Thomas.		
Father's Name	Allen G. Dorsey			
Mother's Maiden Name	Emma L. Pocock			
Name of person giving Information	Larry C. Dorsey			

CAUSES OF DEATH

93

How long

5 mos.

How long

3 days.

PHYSICIAN  
OR CORONER

Primary

Chronic Insanity

Immediate

Labored Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Percy Wade

Leelawsoottle Md

Accident or Suicide?

No



Name  
in  
Full

Fannie Viola Dorsey

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Philopolis</u>		Town <u>Baltimore</u> County		MARYLAND		
Date of death <u>1908</u>	Month <u>5</u>	Day <u>3</u>	Years <u>3</u>	Age <u>3</u>	Months <u>1</u>	Days <u>19</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birthplace <u>Philopolis</u>				
Occupation <u></u>	Where Residing if not at place of death <u></u>					
Married, Single <u>Married</u>	Name of Wife or Husband <u></u>					
Father's Name <u>John T. Dorsey</u>				Father's Birthplace <u>Philopolis</u>		
Mother's Maiden Name <u>Harriett Dorsey</u>				Mother's Birthplace <u>Philopolis</u>		
Name of person giving information <u>John T Dorsey</u>				How related to deceased <u>Father</u>		

CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary

Burn by fire

How long

10 weeks

Immediate

General exhaustion

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

R W Sherman M.D.

Address

Glencoe 12

Accident or Suicide?

Interments at Stevenson  
Chapelle Monday May  
6<sup>th</sup>

No. 6 Brooks

Name  
in  
Full

Mariana Domshewska

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
Sex	Female		Color or Race	White		Birth-place	
Occupation	none		Where Residing if not at place of death				
Married, Single or Widowed	—		Name of Wife or Husband	—			
Father's Name	Martin Domshewske		Father's Birthplace				
Mother's Maiden Name	Elisabeth Journa		Mother's Birthplace				
Name of person giving Information	Mariana Domshewske		How related to deceased				

CAUSES OF DEATH

93

How long

9 days

How long

PHYSICIAN  
OR CORONER

Primary

Pneumonia

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

John H. Rehberger

Address

# 1709 Alice Avenue,

Baltimore, Md.

Accident or Suicide?

M. F. SADOWSKI,  
703 S. ANN ST.  
BALTIMORE; MD.

*St. Stanislaus Cemetery*

MAY 9 - 1908

Name  
in  
Full

Benjamin Duffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Charles Duffin			
Mother's Maiden Name	Nellie Johnson			
Name of person giving Information	Benjamin Duffin			

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Heart trouble	
Immediate	Heart failure	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Accident or Suicide?	August 11, 1908 Mr. Winslow Baltimore, Md.	

Ch. Snell

mt Zion

Eliza Stansbury Eckel

## CERTIFICATE OF DEATH

Died at West Arlington		Town Balto Co		County		MARYLAND	
Date of death 1908	Month May	Day 22 <sup>nd</sup>	Years Age 56	Months 4	Days 15		
Sex Female	Color or Race White			Birth-place Baltimore City			
Occupation Teacher		Where Residing if not at place of death					
Married, Single or Widowed Single	Name of Wife or Husband						
Father's Name Wm. J. Eckel			Father's Birthplace Balto.				
Mother's Maiden Name Anna Sinclair			Mother's Birthplace Balto Co				
Name of person giving information	Johns Eckel		How related to deceased	Brother			

## CAUSES OF DEATH

160

Primary	Femur fracture		How long	6 months
Immediate	Rupture (Cut throat.)		How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. J. Hedges Jr.	
		Address	16 E. City.	
Accidental or Suicide?				

Green Mount Cemetery

Geo. F. Smith Co.

Name  
in  
Full

Mrs. Virginia Ellicott

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at 5 <sup>th</sup> Agnes Hospital		Balt. County		MARYLAND	
Date of death 1908	Month May	Day 13	Years 74	Months	Days
Sex Female	Color or Race White			Birth-place Wash D.C.	
Occupation	Housewife	Where Residing if not at place of death		Balto Co.	
Married, Single or Widowed	Married	Name of Wife or Husband		John Ellicott	
Father's Name	William Gordon			Father's Birthplace	Maryland
Mother's Maiden Name	Rebecca Cook			Mother's Birthplace	Virginia
Name of person giving Information	R. S. W. Wood			How related to deceased	Nephew

CAUSES OF DEATH

67

How long

Several yrs.

How long

24 hrs

PHYSICIAN  
OR CORONER

Primary

Dementia Praecox

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

yes

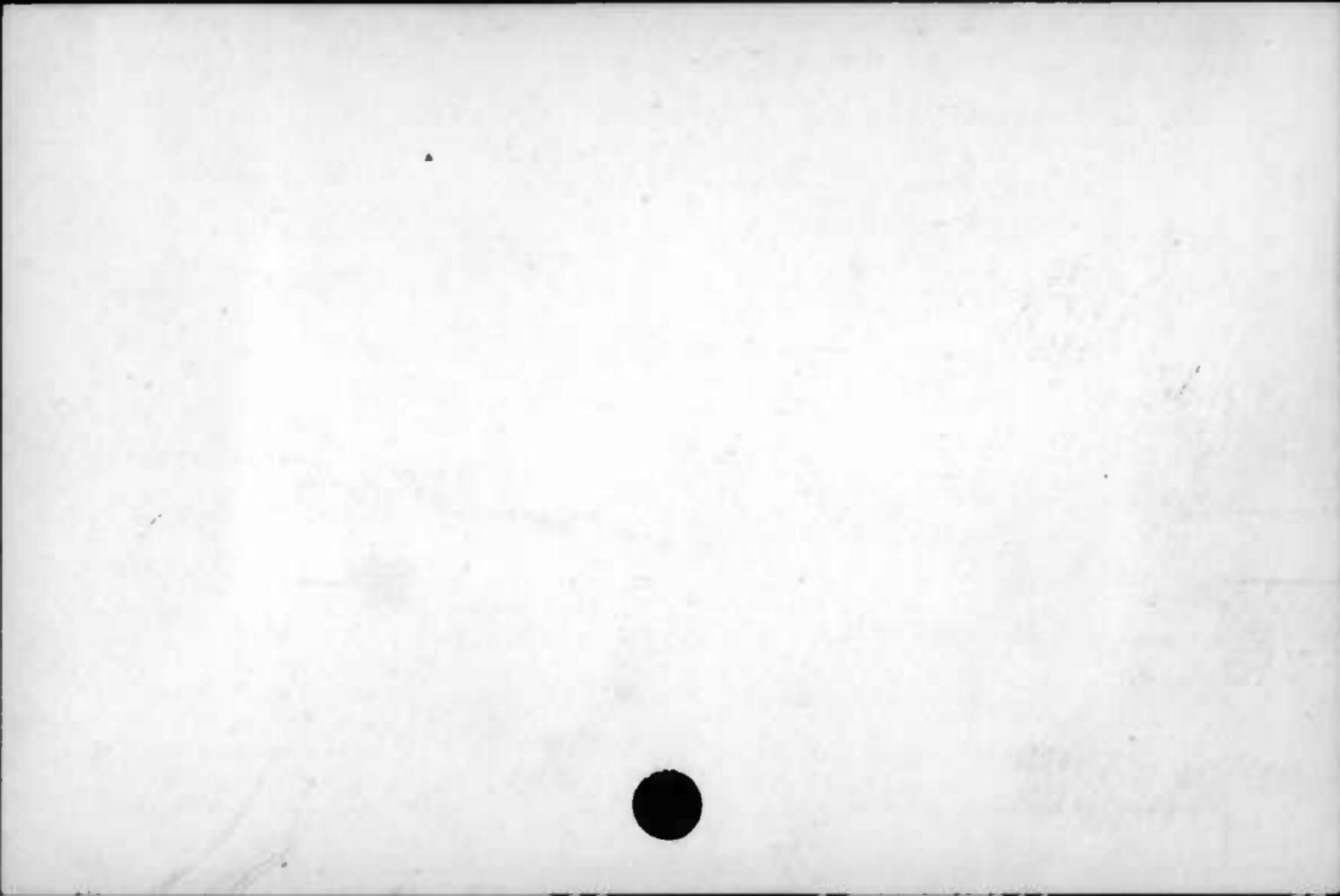
Signature of Physician

Alex P. Harrison M.D.

Address

St Agnes Hospital  
Balto. Md.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

<b>William C. Faherty</b>					
Died at		Town	County	MARYLAND	
Pikesville		Baltimore			
Date of death	1908	Month 5	Day 19	Years 67	Months
Sex	Male	Color or Race	White	Birth-place	Baltimore
Occupation	Clerk	Where Residing if not at place of death			Pikesville
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Do not know	Father's Birthplace			Do not know
Mother's Maiden Name	Do not know	Mother's Birthplace			Do not know
Name of person giving Information	C. L. Lotham	How related to deceased			Nephew

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary

Chopsey

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

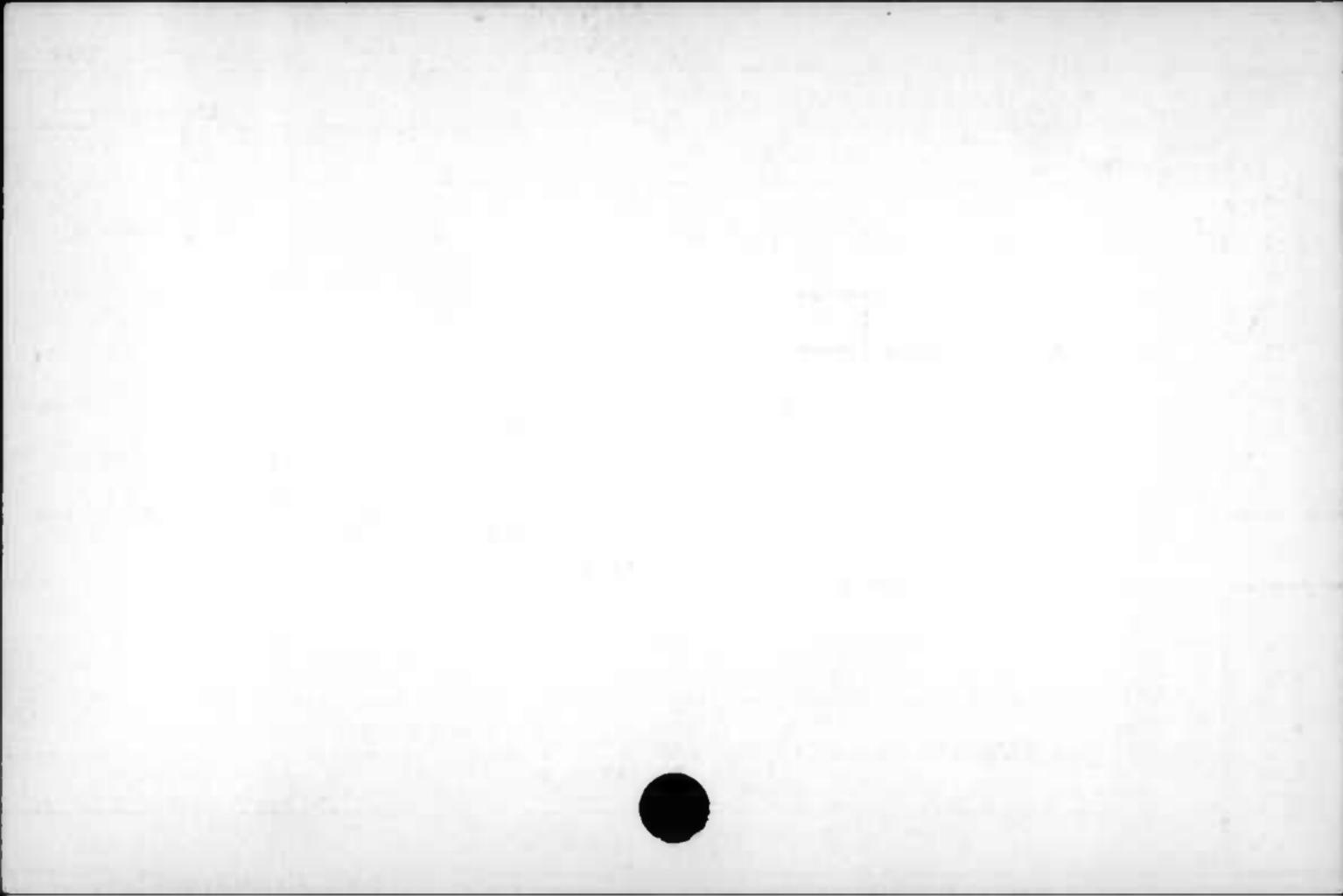
Yes

Signature of Physician

Address

Mo E M  
Pikesville Md.

Accident or Suicide?



Name  
in  
Full

William J. Flannigan

**CERTIFICATE OF DEATH**

TO BE ANSWERED BY  
NEAREST FRIEND

NEAREST FRIEND

Died at <u>Mount Hope Retreat</u>		Town	<u>Baltimore</u>		County	<u>MARYLAND</u>		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>3rd</u>	Age <u>32</u>	Years	Months	Days		
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Baltimore</u>	<u>Baltimore Co Md.</u>			
Occupation <u>Plumber</u>	Where Residing if not at place of death <u>Baltimore</u>							
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>unknown</u>							
Father's Name <u>unknown</u>			Father's Birthplace <u>Ireland</u>					
Mother's Maiden Name <u>"</u>			Mother's Birthplace <u>"</u>					
Name of person giving information <u>Reed, Mt. Hope Retreat</u>			How related to deceased <u>not at all</u>					

## CAUSES OF DEATH

68

## PHYSICIAN A CORONER

Primary Maria Chorus

How long  
ours -

Ex. *Autoloxysma* - *Gastrodilect*

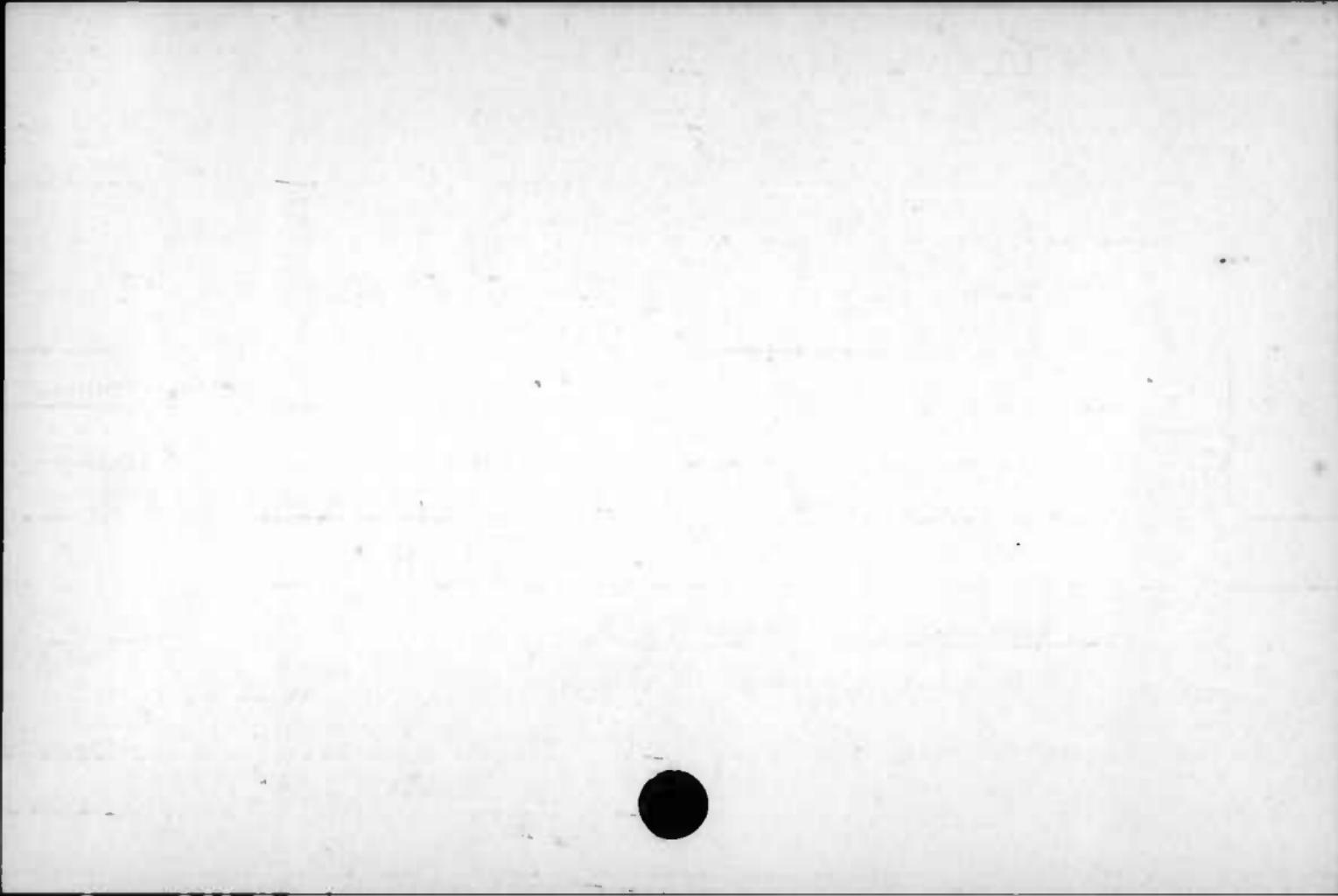
How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of  
Physician

Frank J. Flanerry

## ~~Accident or Suicide?~~



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

<b>James Henry Foster</b> <b>Pikesville</b> <b>Baths</b>					<b>CERTIFICATE OF DEATH</b>	
Town or City		County		MARYLAND		
Date of death	Month May	Day 17	Age 69	Month Aug	Days 3	
Sex Male	Color or Race White		Birth- place Baltimore			
Occupation None	Where Residing if not at place of death <b>Maydaville</b>					
Married, Single or Widowed Widowed	Name of Wife or Husband <b>Hazel Foster</b>		Father's Birthplace <b>Baltimore</b>			
Father's Name <b>Hazel Foster</b>	Mother's Birthplace <b>Baltimore</b>					
Mother's Maiden Name <b>Eleanor Douglas</b>	How related to deceased <b>Daughter.</b>					
Name of person giving Information <b>Joseph B. Hall</b>						

CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary

**Paroxysm**

How long

**one year**

Immediate

**acute laryngeal congestion**

How long

**1/2 hour**

Are the name, age, sex, color, date  
and place correctly given above?

**Yes**

Signature of  
Physician

Address

**Dr. J. O. Myrick  
Chesapeake Medical**

Accident or Suicide?

7 Btman Bldg  
1723 W Lafayette Ave

Name  
in  
Full

Katharine Friedel

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County			
Canton	Balto	MARYLAND			
Date of death	Month	Day	Year	Months	Days
1908	May	28	6	11	20
Sex	Color or Race	Where Residing if not at place of death			
Female	White	Balto Co.			
Occupation	None				
Married, Single or Widowed	Name of Wife or Husband				
Single	George Friedel				
Father's Name	Father's Birthplace				
George Friedel	Balto. Co.				
Mother's Maiden Name	Mother's Birthplace				
Lena Kraus	Germany				
Name of person giving information	How related to deceased				
George Friedel	Father				

CAUSES OF DEATH

7

PHYSICIAN  
OR CORONER

Primary

Scarlet Fever

How long

2 days to my knowledge

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

C. A. Alvey

Accident or Suicide?

Sacred Heart Cemetery

May 29<sup>th</sup> 1908

Lilly & Zeiler  
Undertakers

Name  
in  
Full

Eliza A. Fuller.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	Catonsville	Balto				
Date of death	Month	Day	Years	Months	Days	
1908	May	15	59	3	—	
Sex	Color or Race	Birth-place				
female	Colored	Balto Co				
Occupation	Where Residing if not at place of death					
Housework	Catonsville.					
Married, Single or Widowed	Name of Wife or Husband	Ade Fuller.				
Married	Ade Fuller.					
Father's Name	Father's Birthplace					
Louis Dray.	Unknown.					
Mother's Maiden Name	Mother's Birthplace					
S. Eliza Dray.	Unknown					
Name of person giving information	How related to deceased					
Ade Fuller	Husband					

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

Number

6 mos.

Immediate

Asthma

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

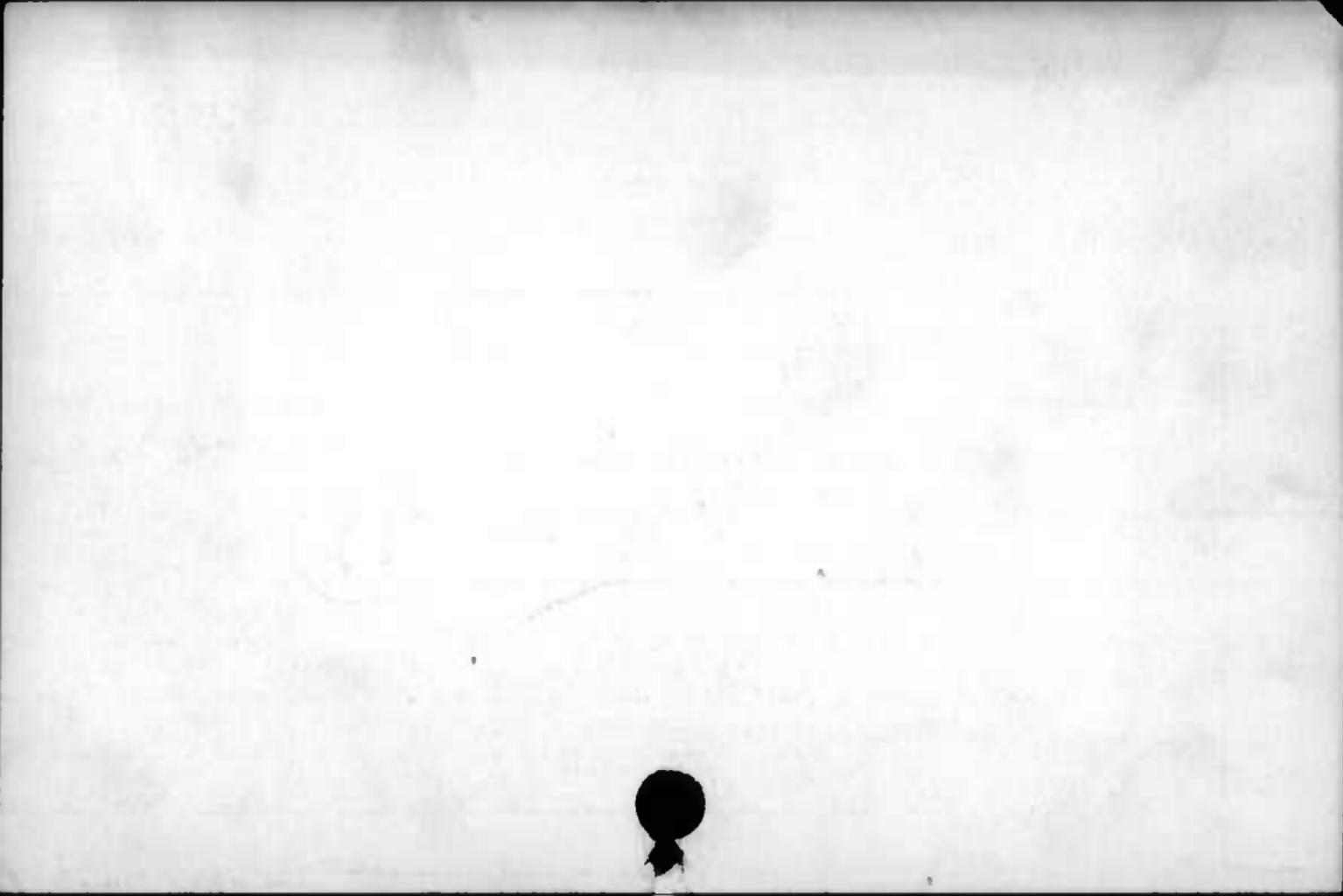
yes

Signature of Physician

Address

Marshall Blesof,  
Catonsville, Md.

Accident or Suicide?



Name  
in  
Full

Michael Galuccio

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

NEAREST FRIEND

Died at	Highlandton <sup>Town</sup> Baltimore <sup>County</sup>			MARYLAND		
Date of death	1908	Month May	Day 14	Age 18	Years	Months _____ Days 7
Sex	Male	Color or Race	White	Birth-place	Italy	
Occupation	Laborer					
Where Residing if not at place of death	11th & Fayette St Baltimore					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Angelina Galuccia			Father's Birthplace	Italy	
Mother's Maiden Name	Dolcini Pafatta			Mother's Birthplace	Italy	
Name of person giving Information	John Galuccia			How related to deceased	Brother	
CAUSES OF DEATH						

## CAUSES OF DEATH

176

**Primary**

Bullet wound from pistol

### Immediate

## Internal Harmonics

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of  
Physician

### Address

of David A Thompson  
dress 34228 Baltimore St.  
Baltimore County Md.

## Accident or Suicide?

Mudu

Hannaford

---

Wendell Dippel & Sons

---

St. Vincent Cemetery,  
May 16/08.

---

Name  
in  
Full

Mary E Galvin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	May	24	46	00	00
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	House keeper				
Where Residing if not at place of death	Cella				
Married, Single or Widowed	Widower	Name of Wife or Husband	None		
Father's Name	Albert Lester				
Mother's Maiden Name	Julia A Lester				
Name of person giving information	Ida Stiglemann				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Organic Heart Disease

79

How long

57 years

Immediate Heart Failure

How long

15 minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

B. J. Payne

Ellicott City  
Md

Accident or Suicide?



William E. Segner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month May	Day 3	Years 45	Months 2	Days 21	
Sex	Male	Color or Race	White		Birth-place		
Occupation	Manager		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Lena Segner				
Father's Name	John G. Segner		Father's Birthplace			Germany	
Mother's Maiden Name	Annie M. Wang		Mother's Birthplace			Germany	
Name of person giving Information	Lena Segner		How related to deceased			Wife	
CAUSES OF DEATH							
Primary	Cold & Exposure			24 hr -			
Immediate	Acute Phthisis			3 months			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			

27

PHYSICIAN  
OR CORONER

Address	Address
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address

Dr. James  
Bank near Elkhorn  
H. Sander & Sons <sup>are</sup>  
Mt Carmel  
May 6/08

Name  
in  
Full

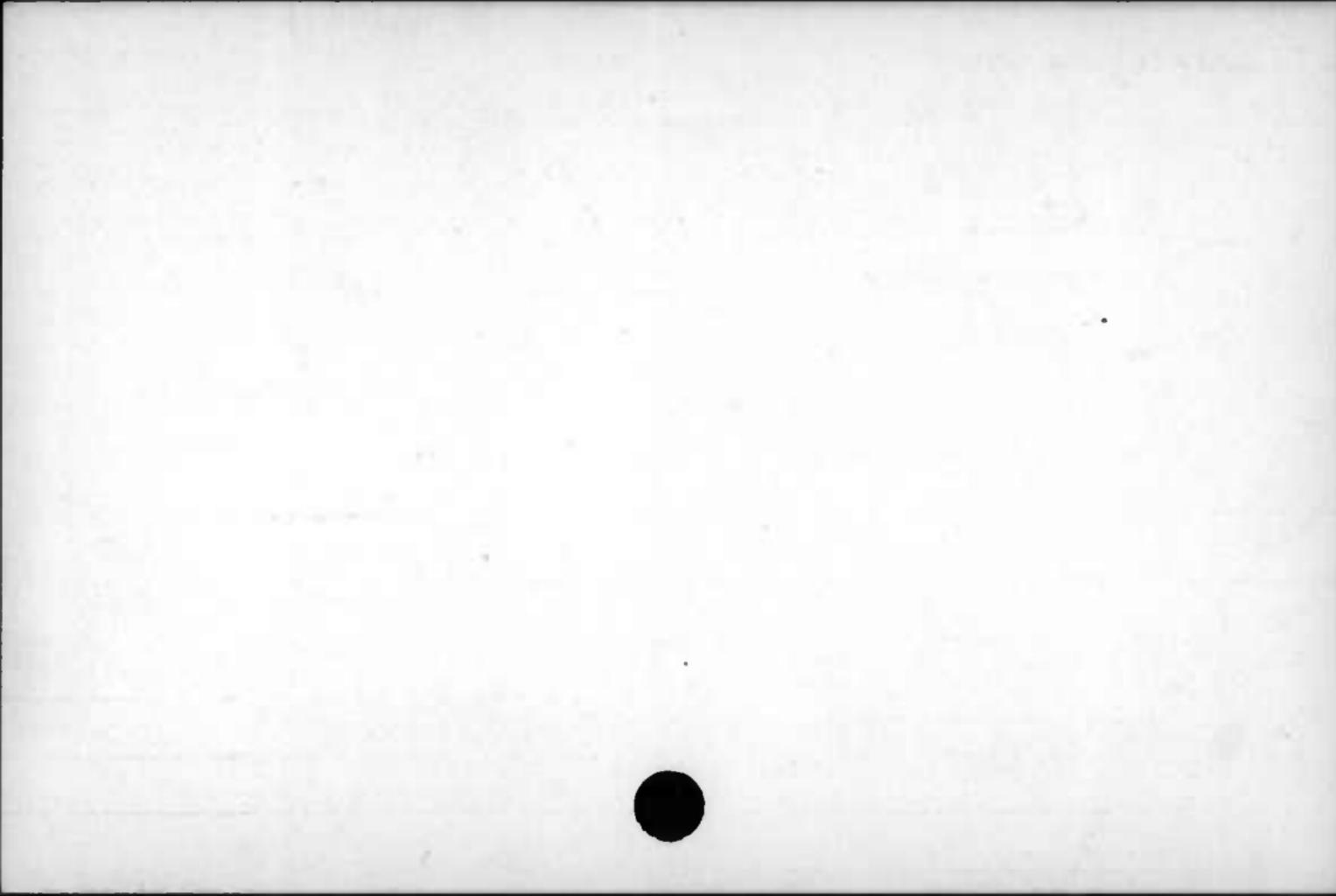
Magdalena Jetz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Fullerton	Balto				
Date of death	1908	Month May	Day 4	Age 91	Years	Months 11
Sex	Female	Color or Race	white		Birth-place	Europe
Occupation	Housewife		Where Residing if not at place of death		Fullerton Ind	
Married, Single or Widowed	Widowed		Name of Husband	Conrad Jetz		Father's Birthplace Europe
Father's Name	Johnson				Mother's Birthplace	"
Mother's Maiden Name	Johnson				How related to deceased	Grand Daughter
Name of person giving information	Mary E Schisler				How long	
CAUSES OF DEATH						154
Primary	old age				How long	
Immediate	Exhaustion				How long	
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	Wm D Corcoran	
				Address	Gardenville Md	
Accident or Suicide?						

PHYSICIAN  
OR CORONER



Name  
in  
Full

John St. Glover

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Sheppard Hospital</b>		Town <b>Baltimore</b> County <b>Baltimore</b>		CERTIFICATE OF DEATH		
Date of death <b>1908 May 2.</b>		Month <b>May</b>	Day <b>2.</b>	Age <b>34</b>	Years <b>34</b>	Months <b>1</b> Days <b>16</b>
Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Cleveland O.</b>				
Occupation <b>Hardware Merchant</b>	Where Residing if not at place of death <b>Baltimore.</b>					
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Mrs. John St. Glover.</b>					
Father's Name <b>William St. Glover.</b>	Father's Birthplace <b>Unknown</b>					
Mother's Maiden Name <b>Margaret Thumler.</b>	Mother's Birthplace <b>Unknown</b>					
Name of person giving information	How related to deceased <b>68</b>					

CAUSES OF DEATH

Primary **Acute Collapse Delirium** How long **one week.**

Immediate **Exhaustion** How long **a few hours.**

Are the name, age, sex, color, date and place correctly given above?

**yes.**

Signature of Physician

**W. Blornell**

Address **Sheppard St. Park Hospital, Towson, Md.**

Accident or Suicide?

PHYSICIAN  
OR CORONER

WJ Pickersgill  
Garden Park

Name  
in  
Full

Mary E Gorsuch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	white	Maryland		
Occupation	Where Residing if not at place of death			Parkerville	
Married, Single or Widowed	Name of Wife or Husband			Thomas Gorsuch	
Father's Name	Eliza M Hensbury			Father's Birthplace	and
Mother's Maiden Name	Elizabeth Miles			Mother's Birthplace	and
Name of person giving information	Mrs K Feier			How related to deceased	None

CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary

Cancer of throat

How long

1 year

Immediate

Exhaustion

How long

8 days

Are the name, age, sex, color, date and place correctly given above?

YES

Signature of Physician

Address

Rev. D. Corse  
Gardenville  
Balt Co 2nd

Accident or Suicide?

Baltimore County

by George Grammer -

Name  
in  
Full

Katherine C. Griffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Baltimore	County Baltimore		MARYLAND	
Date of death	Month May	Day 4	Years 26	Age	Months	Days
Sex Female	Color or Race White		Birth- place Baltimore			
Occupation None	Where Residing if not at place of death St. Agnes' Hospital					
Married, Single or Widowed Single	Name of Wife or Husband Single					
Father's Name Thos. Griffin			Father's Birthplace Ireland			
Mother's Maiden Name Sarah Cunningham			Mother's Birthplace "			
Name of person giving Information Mary Ellen Griffin			How related to deceased Sister			

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary  
Endocarditis

Immediate  
Heart failure

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

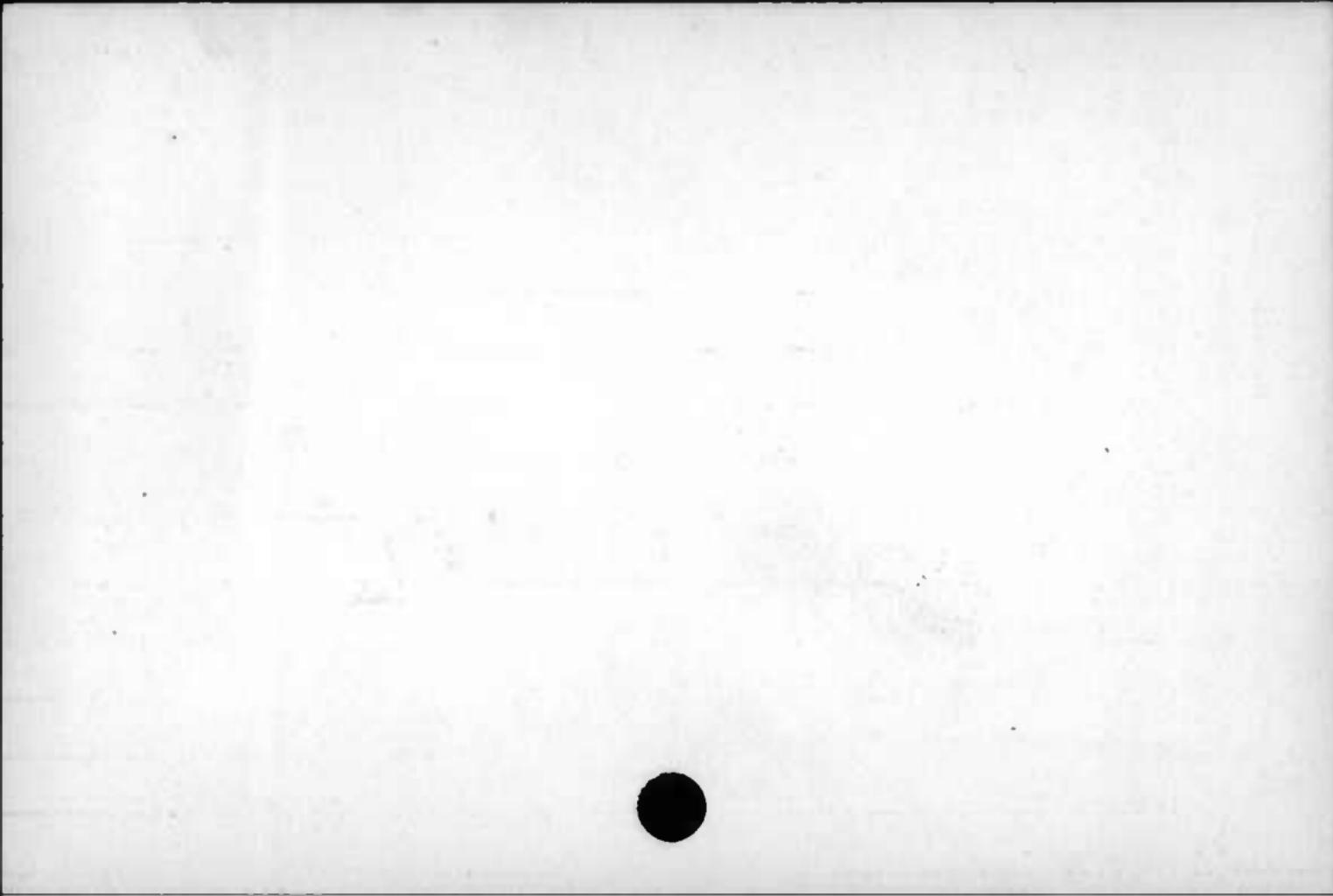
E. Sandrock M.D.

Address

St. Agnes' Hospital

Accident or Suicide?

Yes



Fredick Groom

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1908	May	19	72	72	"	"	
Sex	Color or Race	white		Birth-place	England		
Occupation	Gardner		Where Residing if not at place of death		South Towsors		
Married, Single or Widowed	Widower	Sarah Groom		Sarah Groom		England	
Father's Name	George Groom		Father's Birthplace		England		
Mother's Maiden Name	Sarah Allen		Mother's Birthplace		England		
Name of person giving information	Mrs Geo. Marley		How related to deceased		Daughter		

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary

General debility

Immediate

Cardiac asthma

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. Guy elon Groom M.D.

Accident or Suicide?

John Burns Sonz  
Towson  
Interim  
Governs  
Presbyterian  
Cemetery

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Levi Melvin Augen gruber

CERTIFICATE OF DEATH

MARYLAND

Died at

Fox

Town

County

Ballo-

Date

of death

1908

Month

May

Day

15

Years

1

Months

9

Days

3

Sex

Male

Color or  
Race

white

Birth-  
place

aa Co Md

Occupation

✓

Where Residing if not  
at place of death

Fox Md

Married, Single  
or Widowed

✓

Name of Wife or  
Husband

✓

Father's  
Name

John Augen gruber

Father's  
Birthplace

Md

Mother's  
Maiden Name

Mary E. Mumma

Mother's  
Birthplace

Md

Name of person giving  
Information

John Augen gruber

How related  
to deceased

Father

CAUSES OF DEATH

167

How long

2 wks

Primary

accident Scalded

Immediate

heart failure & hyp.

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

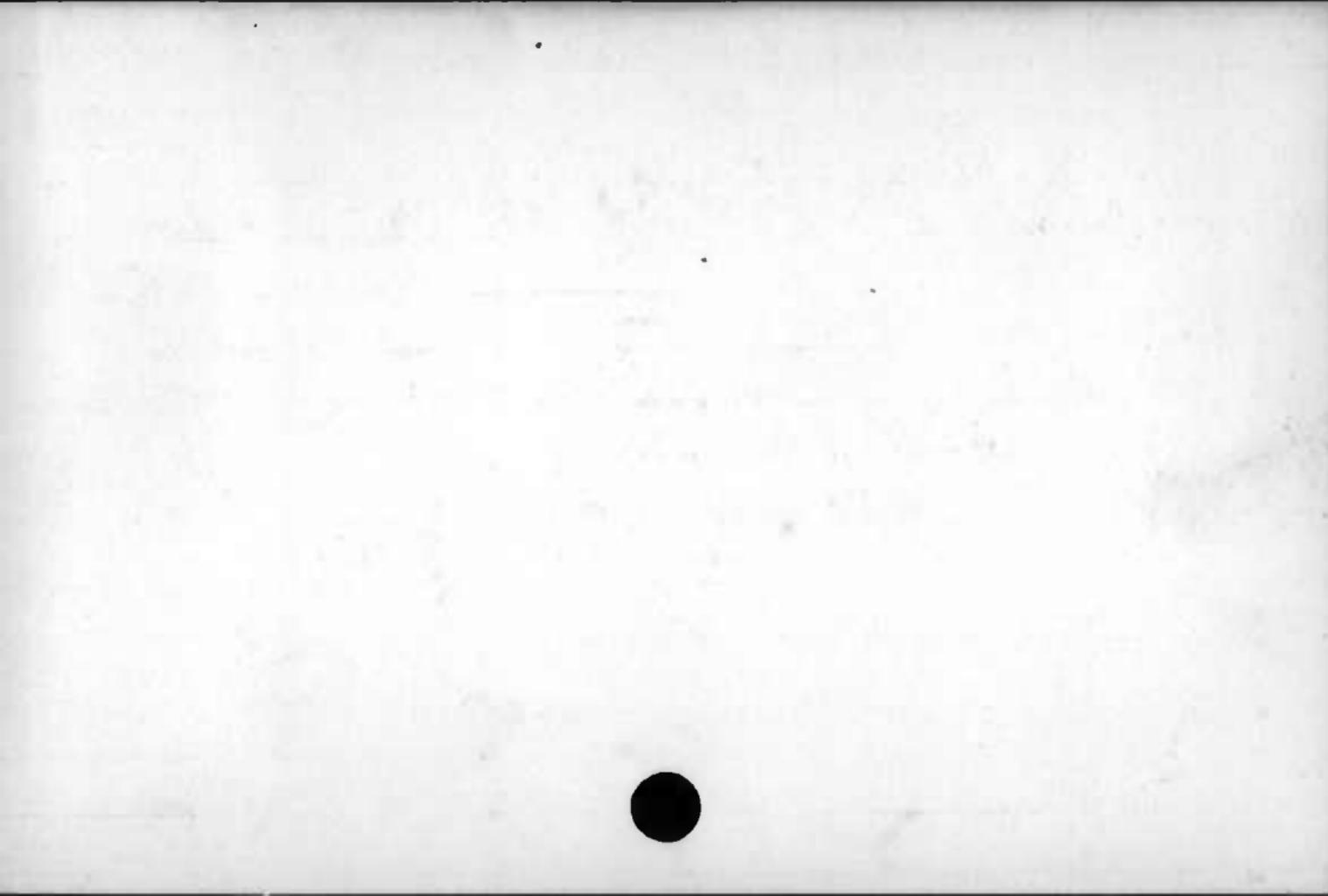
Signature of  
Physician

Address

J. F. H. Goruck

Fox

Accident or Suicide?



Name  
in  
Full

Mary Martha Grindley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Astoe Calousvile		Baltimore					
Date of death	1908	Month	Day	Years	Months	Days	
8 May	5th			69	8		
Sex	F	Color or Race	White	Birth-place			
Occupation	Housewife	Where Residing if not at place of death			Dublin Ireland		
Married, Single or Widowed	Widow	Name of Wife or Husband	Dr. Richard Grindley				
Father's Name	Andrew Fitz Harris	Father's Birthplace			Ireland		
Mother's Maiden Name	Mary Martha Fitz Harris	Mother's Birthplace			Ireland		
Name of person giving information	Alfred S. Grindley	How related to deceased			Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Intestinal obstruction			
Immediate	Ex hauision			
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Alfred S. Grindley	
		Address	108 Calousvile St	
Accident or Suicide?	No			

To Loudon Park  
E. M. Mitchell

Name  
in  
Full

Elizabeth L. Hammond

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND						
Glyndon		Baltimore									
Date of death	1908	Month	May	Day	19	Years	92	Months		Days	15
Sex	F	Color or Race	W	Birth-place	Baltimore Md						
Occupation	None		Where Residing if not at place of death								
Married, Single or Widowed			Name of Wife or Husband		Milton Hammond						
Father's Name	Ebenezer Hubball				Eng.						
Mother's Maiden Name	Sarah Brown				"						
Name of person giving information	Wm E. Hammond				Son						

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Pneumonia

How long

1 month

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

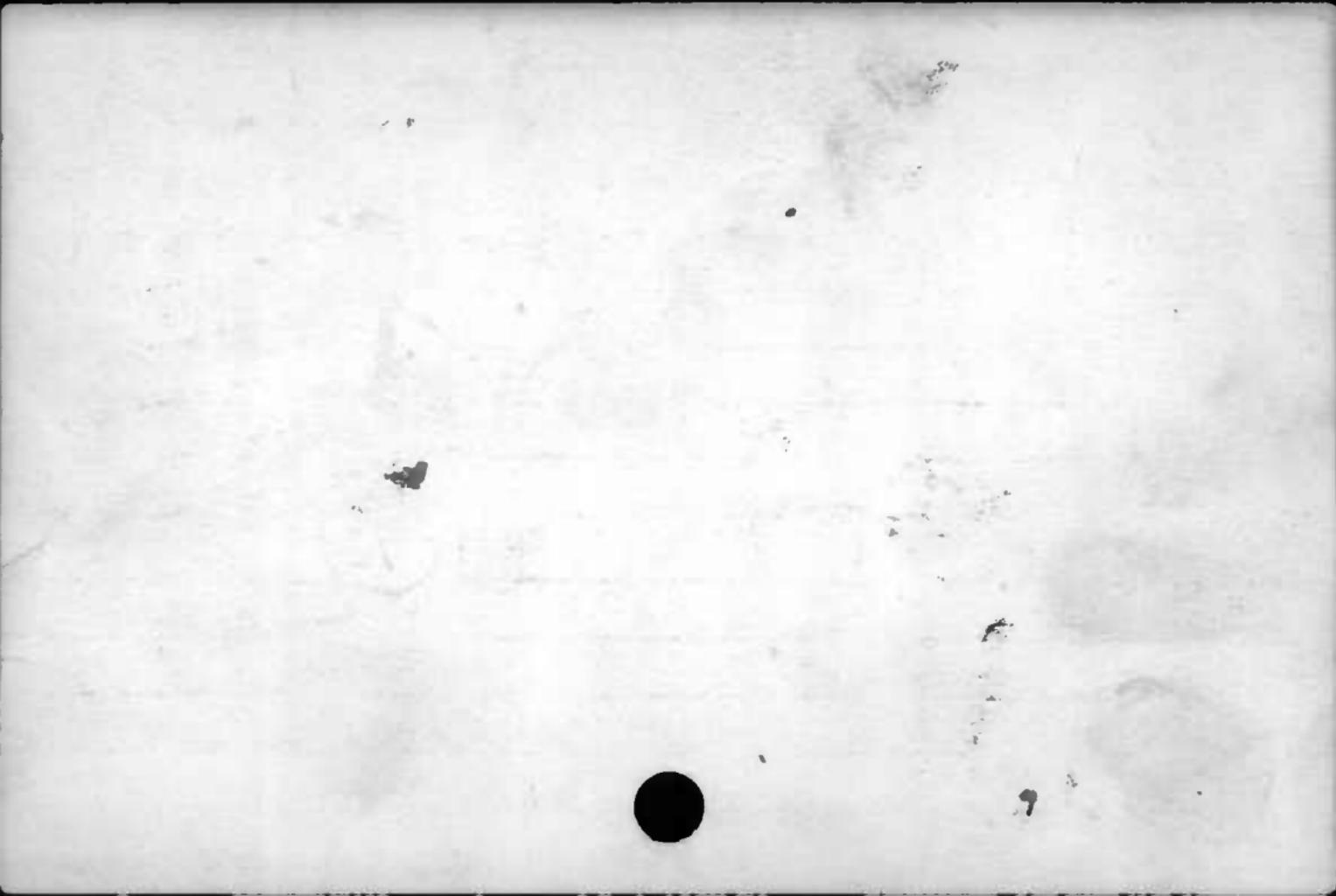
Signature of Physician

Franklin St Est.

Address

Lansdowne Md

Accident or Suicide?



Elarence A. Harris

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Shane</u>		Town	County <u>Baltimore</u>	MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>31</u>	Years <u>—</u>	Months <u>—</u>	Days <u>6</u>	
Sex <u>male</u>	Color or Race <u>Colored</u>	Birth-place <u>Maryland</u>				
Occupation <u>none</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>Maryland</u>				
Father's Name <u>Elarence Harris</u>	Mother's Birthplace <u>Pa.</u>					
Mother's Maiden Name <u>Sula Barton</u>	How related to deceased <u>mother</u>					
Name of person giving information <u>Sula Harris</u>						
CAUSES OF DEATH						
Primary <u>over feeding</u>	How long <u>2 days</u>					
Immediate <u>Convulsions</u>	How long <u>1 day</u>					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician*	Address			

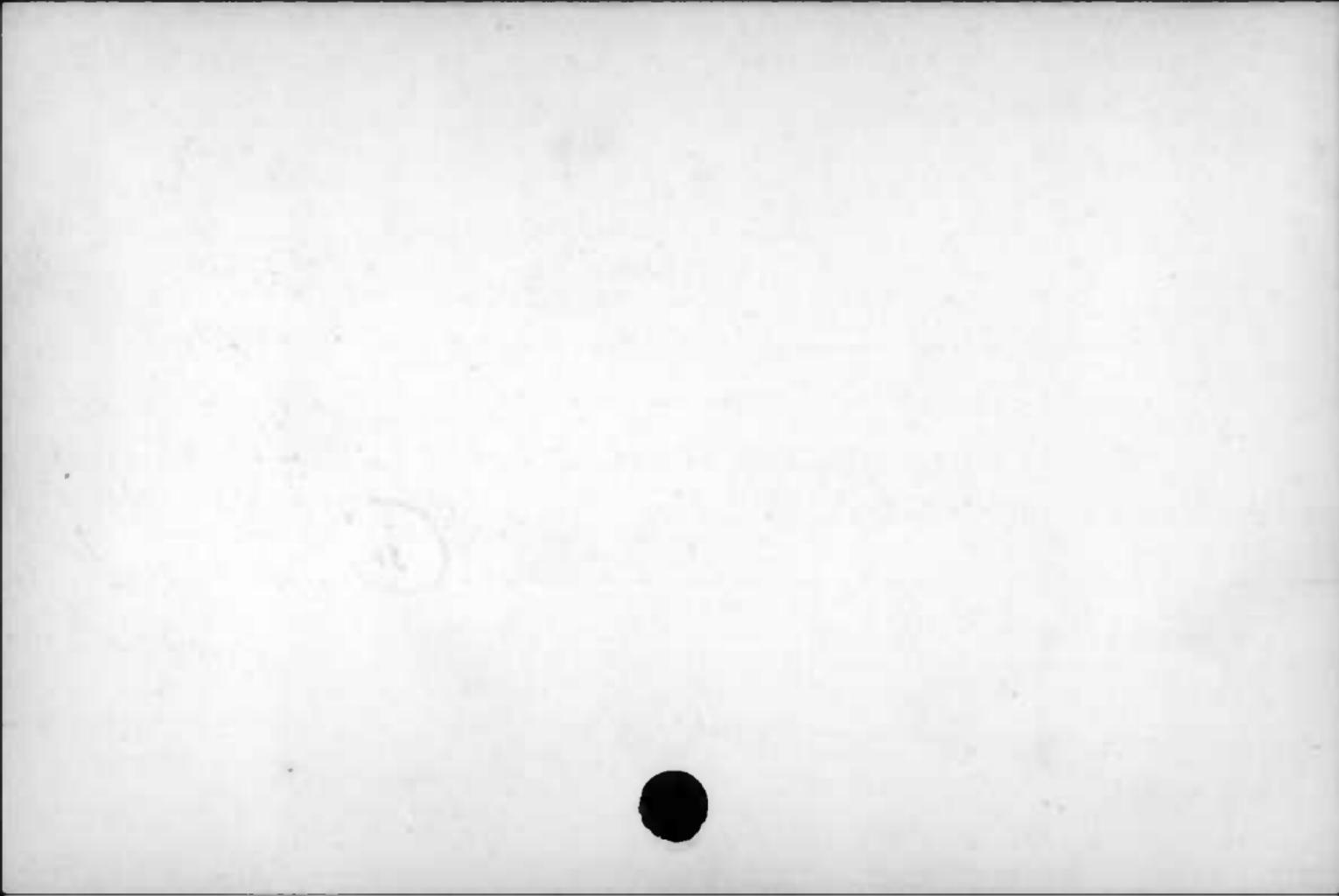
71

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician\* Wm. L. Shilling

Address Shane Md.

Accident or Suicide? —



Name  
in  
Full

Samuel Heidler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	St Marys Ind. Sch. Balto	County		MARYLAND	
Date of death	1908	Month	Day	Years	Months Days
Sex	Male	Color or Race	white	Birth-place	Baltimore
Occupation	Inmate of St. Marys Industrial School				
Married, Single or Widowed	Single	Name of Wife or Husband	+		
Father's Name	Jacob Heidler			Father's Birthplace	Unknown
Mother's Maiden Name	deceased			Mother's Birthplace	Unknown
Name of person giving information	A. H. Sayton M.D.			How related to deceased	none

CAUSES OF DEATH

6

PHYSICIAN  
OR CORONER

Primary	Exposure of measles resulting Broncho Pneumonia 2 months		
Immediate	general debility resulting from Congenital Heart trouble		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long about one week
		A. H. Sayton M.D.	
Address	432 N. Carey St		
Accident or Suicide?	Attending Physician of School		

F. A. Oranee & Bro

to

Cathedral Cemetery

Name  
in  
Full

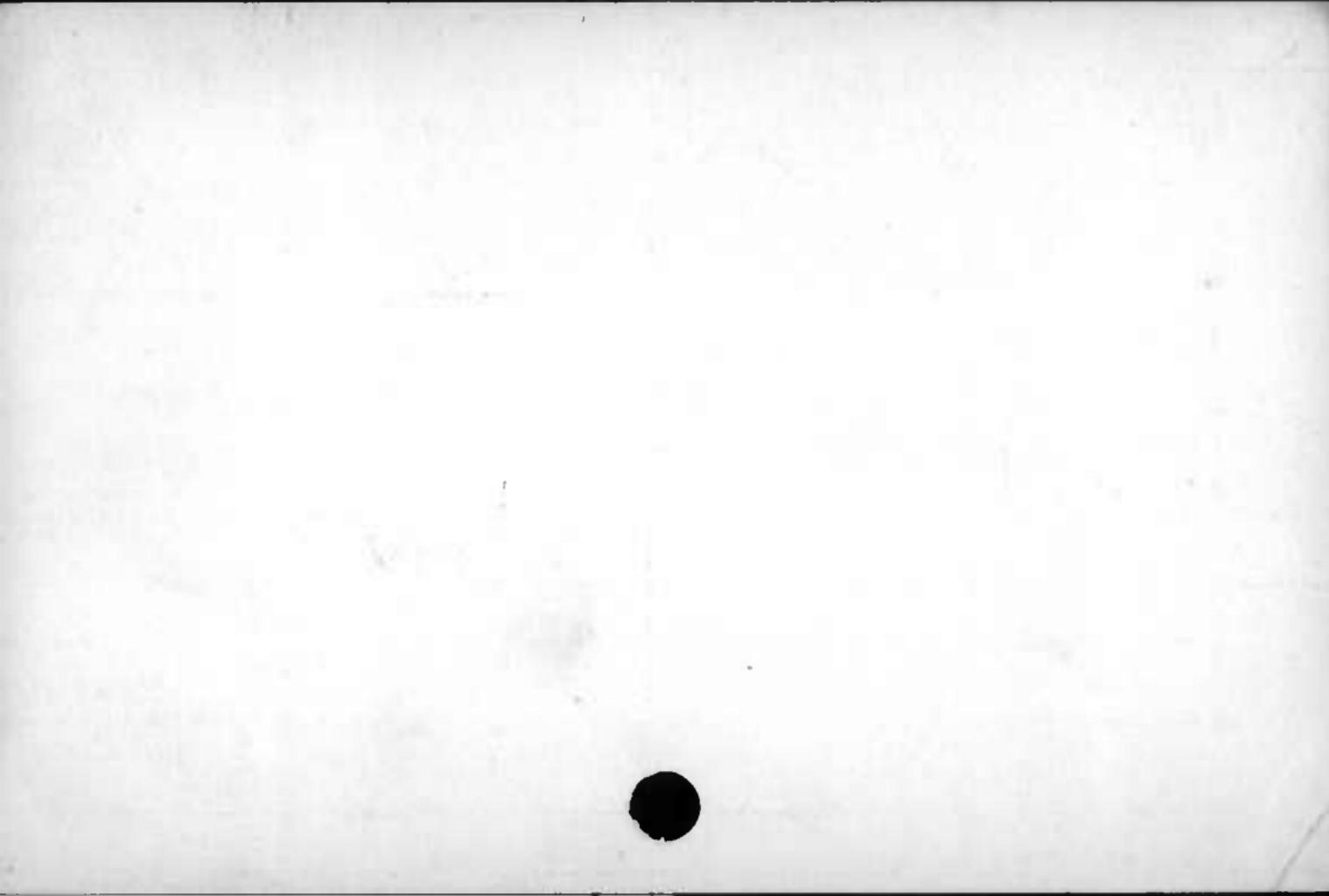
Laura V. Heitas

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Sparrow's Point		Buck			
Date of death	1908	Month 5	Day 5	Years 1	Months
Sex	female	Color or Race	white	Birthplace	Days
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	—	Name of Wife or Husband	—		
Father's Name	Wm H. Heitas			Father's Birthplace	Penn
Mother's Maiden Name	Eugenia Heitas			Mother's Birthplace	—
Name of person giving Information	Woodward			How related to deceased	none
CAUSES OF DEATH					
Primary	Marsles			6	How long
Immediate	Pneumonia			3 days	How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Woodward	
			Address	Sparrow's Point	
Accident or Suicide?			Md.		

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Hagbert Hendrickson

CERTIFICATE OF DEATH

MARYLAND

Died at Standard Oil Pkgs Ctr / Balt County  
Date of death 1908 Month May Day 25 Age 20 Years 1 Months 1 Days  
Sex Male Color or Race White Birth-place Christianson Young

Occupation Fireman Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Don't know Father's Birthplace

Mother's Maiden Name Don't know Mother's Birthplace

Name of person giving information

Don't know Father's Birthplace

Don't know Mother's Birthplace

How related to deceased

164

How long

How long

CAUSES OF DEATH

Primary

Fracture of skull by falling

Immediate

down into hole S.S. Augusta

Are the name, age, sex, color, date and place correctly given above?

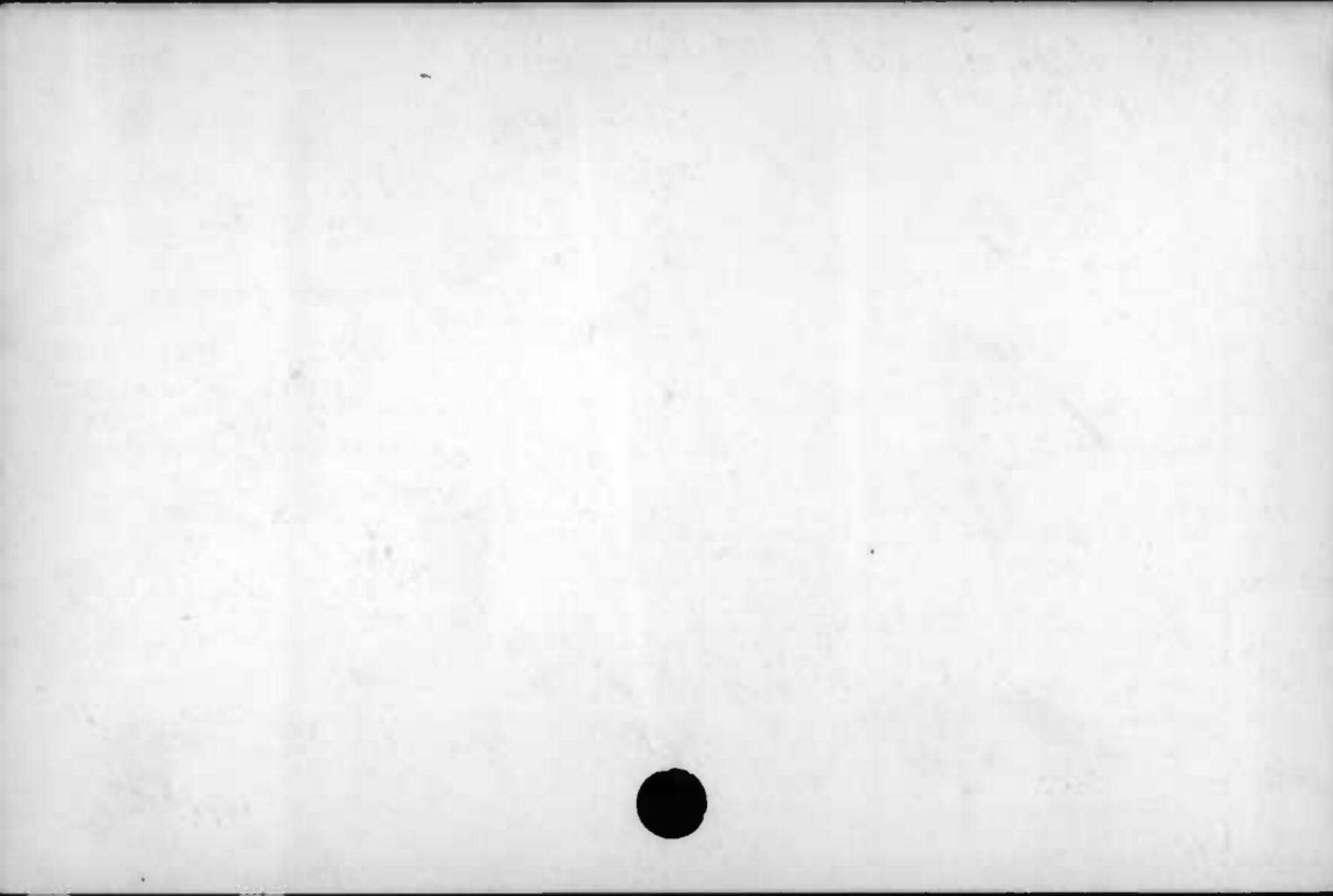
Signature of Physician

Address

H. S. Judy, M.D.  
3426 E. Balt St.

Accident or Disease

Accident



Bertha Helchler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

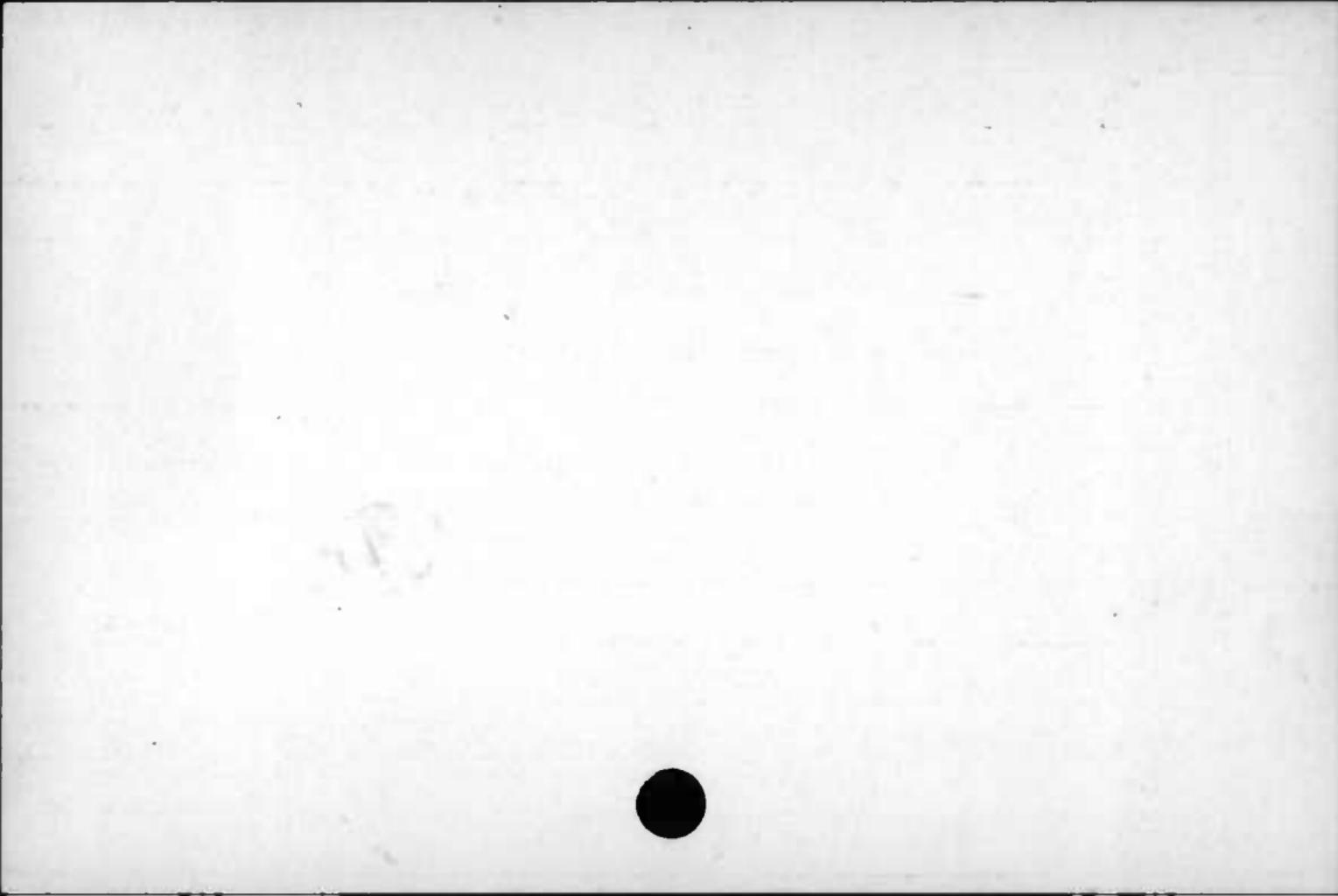
NEAREST FRIEND

Died at <b>Montgomery</b>		Town <b>Baltimore</b> County		<b>MARYLAND</b>	
Date of death <b>1908</b>	Month <b>Aug</b>	Day <b>7</b>	Years <b>25</b>	Months	Days
Sex <b>Female</b>	Color or Race <b>White</b>	Birthplace <b>New York - New York -</b>			
Occupation <b>none</b>	Where Residing if not at place of death <b>New York -</b>				
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband				
Father's Name <b>Not Known</b>	Father's Birthplace <b>Not Known</b>				
Mother's Maiden Name <b>" " "</b>	Mother's Birthplace <b>" " "</b>				
Name of person giving information <b>Reed Montrose Retzky</b>	How related to deceased <b>Not at all</b>				

## CAUSES OF DEATH

69

Primary <b>Mania Epileptic</b>	How long <b>over 8 years</b>
Immediate <b>Ex Status Epilepticus</b>	How long <b>about 10 days -</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Frank J. Lawary</b>
	Address <b>Montgomery Retzky Md.</b>
Accident or Suicide?	



Name  
in  
Full

Laurence L. Hofstetter

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highlandtown</u>		Town <u>Baltimore</u> County		MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>2</u>	Years <u>1</u>	Months <u>2</u>	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>				
Occupation <u> </u>		Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u> </u>					
Father's Name <u>Laurence Hofstetter</u>	Father's Birthplace <u>Baltimore</u>					
Mother's Maiden Name <u>Mary M. Forrester</u>	Mother's Birthplace <u>"</u>					
Name of person giving Information <u>Mother</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia &amp; Bronchitis</u>		How long <u>8 days</u>
Immediate	<u>Diphtheria &amp; Exhaustion</u>		How long <u>one day</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Adolph C. Eisinger M.D.</u>	
		Address <u>2213 Orleans st</u>	
Accident or Suicide?			

Baltimore Cemetery  
May 4, 1908

Zirkler & Zirkler

1739 E. Eager st

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Blinda Hughes

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	73		
Occupation	Unemployed			Where Residing if not at place of death	Baltimore	
Married, Single or Widowed	Single	Name of Wife or Husband			Father's Birthplace	Baltimore
Father's Name	Galiville Hughes				Mother's Birthplace	Phoenix
Mother's Maiden Name	Susan Worthington Marryman				How related to deceased	Friend
Name of person giving information	E. W. Howard					

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Uremia

How long

304 days

Immediate

Coma

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

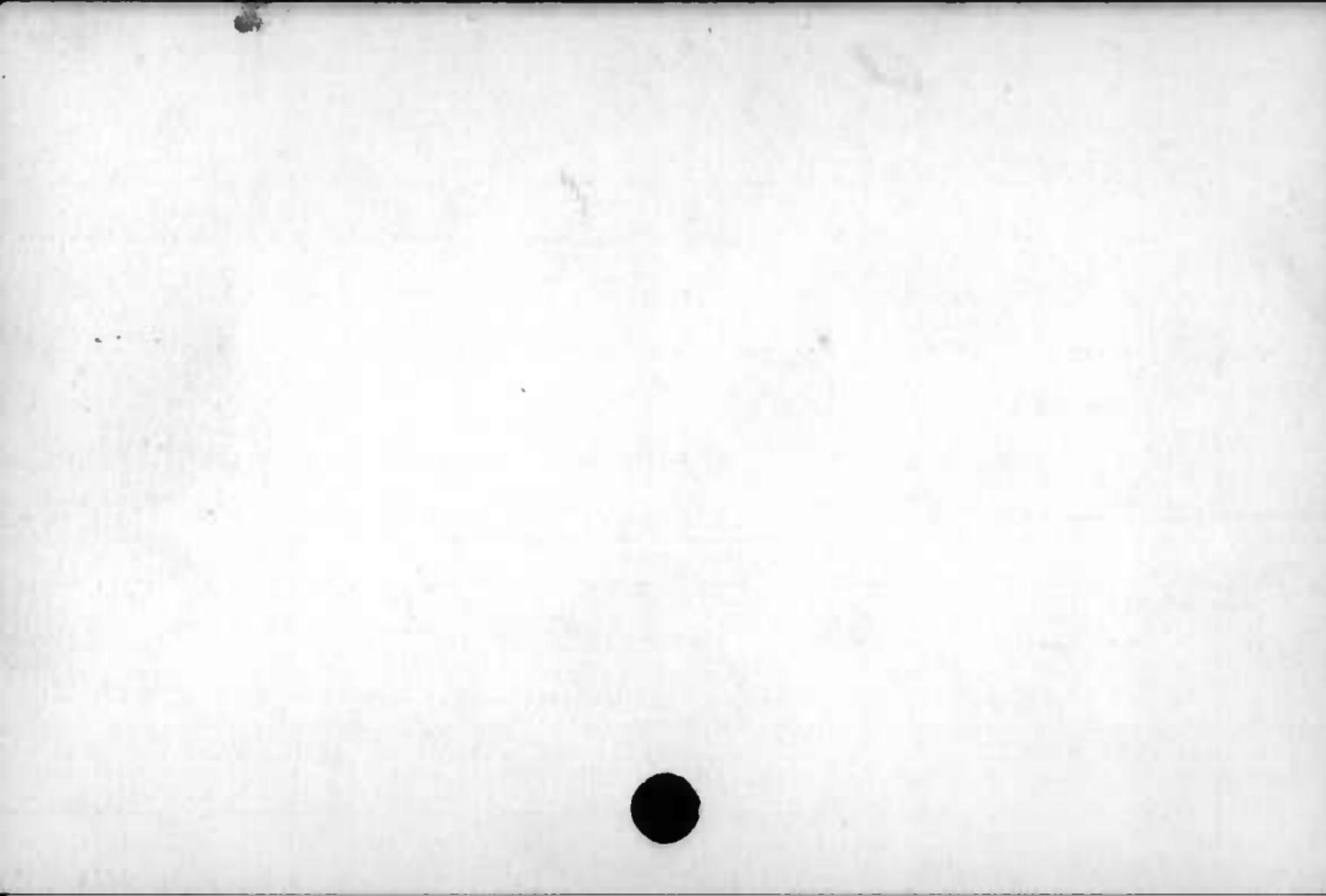
yes

Signature of Physician

Address

A. R. Mitchell  
Moundstone  
Md.

Accident or Suicide?



TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	May	31	Age 9	11	18	
Sex	Male	Color or Race	white	Birth-place	md.	
Occupation	School boy	Where Residing if not at place of death Sparrrows Point				
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Wm. H. Hughes		Father's Birthplace	Md.		
Mother's Maiden Name	Alice Fowler		Mother's Birthplace	Md.		
Name of person giving information	Father (Wm. H. Hughes)		How related to deceased	Father		

## CAUSES OF DEATH

172

Primary

How long

Immediate

How long

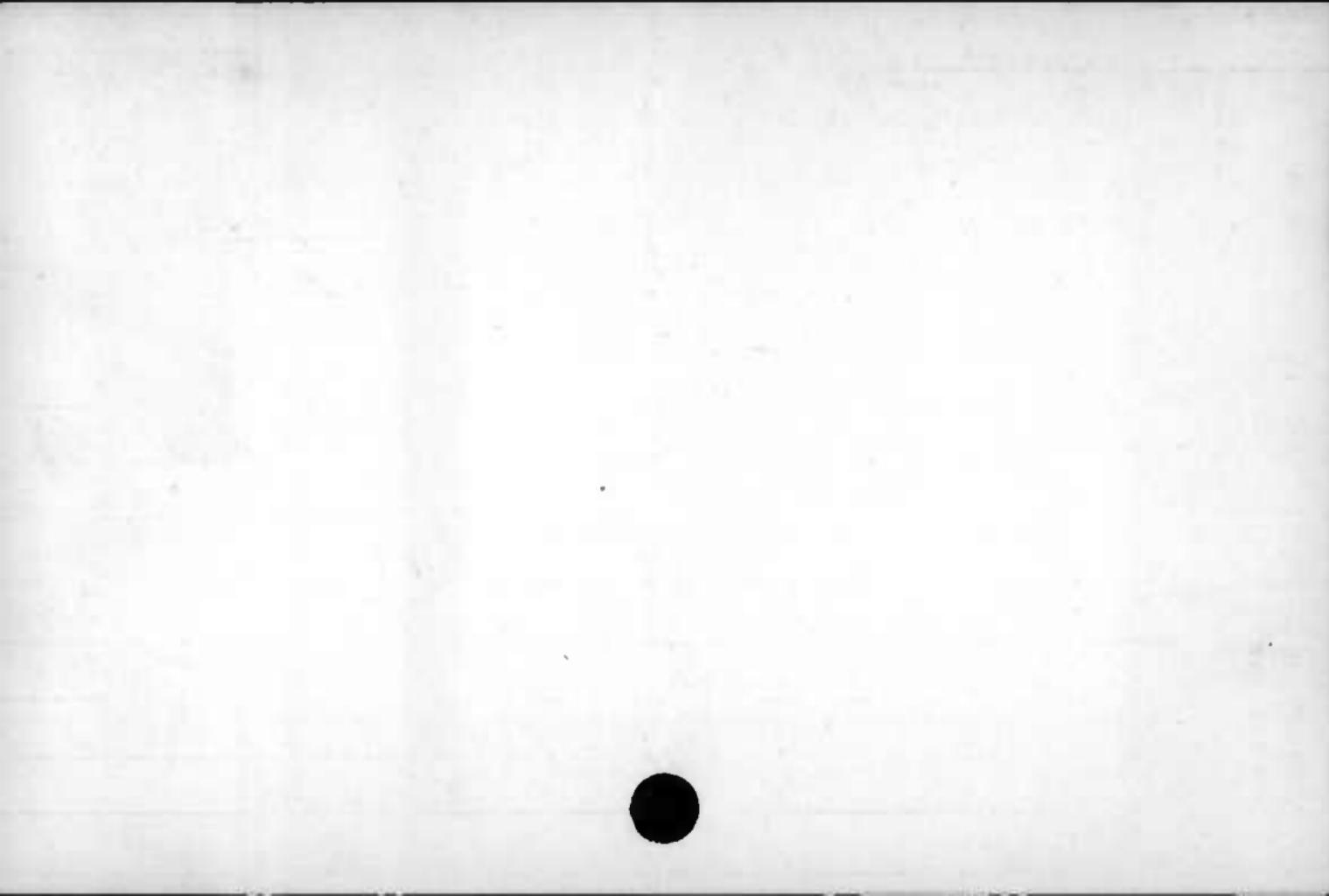
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

Accident



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town <u>Buckeystown</u>	County <u>Baltimore Co</u>	MARYLAND		
Date of death	Month <u>1908 May</u>	Day <u>30</u>	Years Age <u>5 6</u>	Months <u>2</u>	Days <u>20</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth- place <u>Baltimore Co</u>		
Occupation <u>Labour</u>	Where Residing if not at place of death <u>Buckeystown Baltimore Co</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ada Hyle</u>					
Father's Name <u>Isiah Hyle</u>				Father's Birthplace <u>Baltimore Co</u>		
Mother's Maiden Name <u>Lorissa West</u>				Mother's Birthplace <u>Baltimore Co</u>		
Name of person giving Information <u>Blanche Hyle</u>				How related to deceased <u>Son</u>		

CAUSES OF DEATH

92

PHYSICIAN OR CORONER	Primary <u>Catarrhal Pneumonia</u>	How long <u>10 days</u>
	Immediate <u>Heart failure, anæmia</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr J E Benson</u>	
	Address <u>Buckeystown</u>	
Accident or Suicide? <u></u>		

Funeral at Germ  
Monday August 20<sup>th</sup> 190

W. C. Brooks

Name  
in  
Full

Amanda S. Fous

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Mount Hope Retreat Ballito</b>		County <b>Ballito</b>			MARYLAND			
Date of death <b>1908</b>	Month <b>May</b>	Day <b>8<sup>th</sup></b>	Years <b>31</b>	Months	Not Known		Days	
Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Ballito</b>						
Occupation <b>None</b>	Where Residing if not at place of death <b>Baltimore</b>							
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband							
Father's Name <b>Not Known</b>	Father's Birthplace <b>Not Known</b>							
Mother's Maiden Name <b>"</b>	Mother's Birthplace <b>" " "</b>							
Name of person giving Information <b>Reeds Mt. Hope Retreat</b>	How related to deceased <b>Not at all</b>							

CAUSES OF DEATH

104

How long

**11 or 12 yrs**

How long

**about one year**

PHYSICIAN  
OR CORONER

Primary

**Mania Chr. Delusional**

How long

Immediate

**Ex Chronic Gastritis**

Are the name, age, sex, color, date and place correctly given above?

**Yes**

Signature of Physician

Address

**Frank J. Flannery**

**Mount Hope Retreat**

Accident or Suicide?



Name in Full		Lyvenia Jackson		CERTIFICATE OF DEATH			
Died at	Town	Baltimore		County	MARYLAND		
Date of death	Month	Day	Years		Months	Days	
1908	May	17	Age 49		—	—	
Sex	Female	Color or Race	Black	Birth- place	Maryland		
Occupation	Domestic		Where Residing if not at place of death	Baltimore Md			
Married, Single or Widowed	Name of Wife or Husband		Unknown.				
Father's Name	Spencer Young		Father's Birthplace	Maryland			
Mother's Maiden Name	Susan Bennett		Mother's Birthplace	Maryland			
Name of person giving Information	Francis Jackson		How related to deceased	Daughter			

## CAUSES OF DEATH

106

Primary

Cerebral Dysarrhaea

How long

2 years

Immediate

General Asthme

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

Dr. in St. L. C. O.,  
Baltimore Md

Chas. Priestly  
100. Cemetery.

Name  
in  
Full

Howard E. Jeffreys

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Halethorpe</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>8</u>	Age <u>26</u>	Years <u>26</u>	Months <u>4</u>	Days <u>28</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>A. A. Co. Md.</u>				
Occupation <u>Farmer</u>	Where Residing if not at place of death <u>Harmans, A. A. Co.</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>none</u>					
Father's Name <u>William E. Jeffreys</u>	Father's Birthplace <u>A. A. Co. Md</u>					
Mother's Maiden Name <u>Laura V. Stewart</u>	Mother's Birthplace <u>D. C.</u>					
Name of person giving information <u>Mr. Wm E. Jeffreys</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary tuberculosis</u>	How long <u>about 8 or 10 mos.</u>
Immediate <u>Inanition</u>	How long <u>2 mos.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. R. Eareckson</u>
	Address <u>Cox Ridge, Md</u>
Accident or Suicide <u>None</u>	

Tickner

Barmon station

A. a. G.

Name  
in  
Full

*Fredrick Johnson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Age	Color or Race	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>William Johnson</i>		Father's Birthplace	<i>Dul</i>	
Mother's Maiden Name	<i>Mary Coates</i>		Mother's Birthplace	<i>Dul</i>	
Name of person giving Information	<i>Mary Johnson</i>		How related to deceased	<i>mother</i>	

CAUSES OF DEATH

36

PHYSICIAN  
OR CORONER

Primary

*Pumpkin Johnson*

How long

*all day*

Immediate

*Syphilis*

How long

*all day*

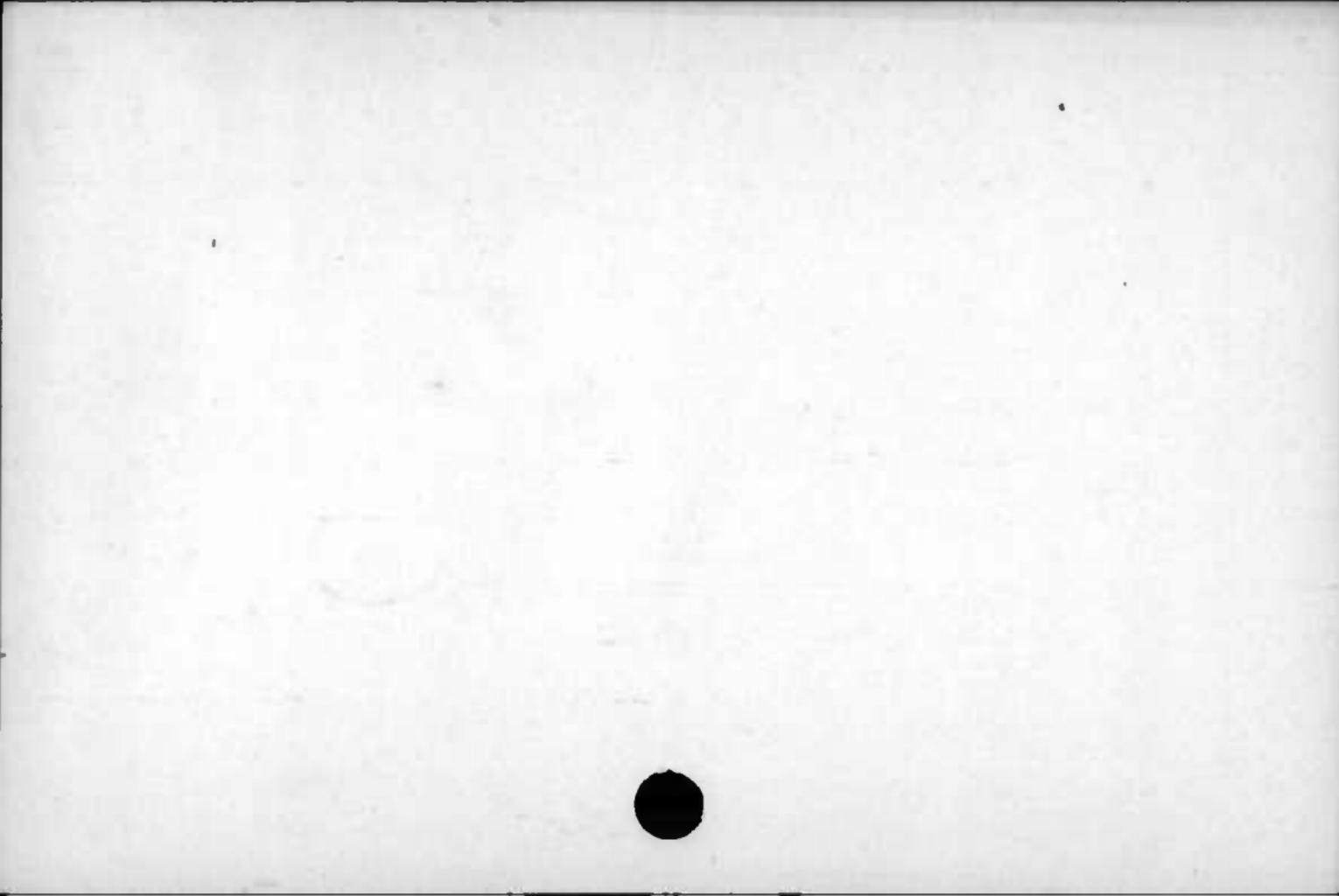
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*H. H. Stipe & Son  
G. Grambs*

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Evan Jones.

CERTIFICATE OF DEATH

Died at <u>Canton</u> Town		<u>Baltimore</u> County		MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>5</u>	Age <u>39</u> Years	Months <u>1</u>	Days <u>20</u>	
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>Wales</u>		
Occupation <u>Retired</u>	Where Residing if not at place of death <u>Canton</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ellen Jones</u>			Father's Birthplace <u>Wales</u>		
Father's Name <u>Evan Jones</u>			Mother's Birthplace <u>Wales</u>			
Mother's Maiden Name <u>Nat Brown</u>			How related to deceased <u>Wife</u>			
Name of person giving information <u>Ellen Jones</u>						
CAUSES OF DEATH						
Primary <u>Hysterical Prostration</u>			74			
Immediate <u>Exhaustion</u>			How long <u>3 months</u>			
Are the name, age, sex, color, date and place correctly given above?	—		Signature of Physician			
			Address			
Accident or Suicide?						

David W. Jones MD  
316 Oldhamell St

W. Conrad Cawie  
H. Bauer & Son

---

May 11/08

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary Ann Jones

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Rotland Park	Baltimore		
Date of death	Month	Day	Months Days
1908	May	1	11 26
Age	Years		
	87		
Sex	Color or Race		
Female	White		
Occupation		Where Residing if not at place of death	Place of death
None			
Married, Single or Widowed	Name of Wife or Husband		
Widowed	J. P. P. Jones		
Father's Name		Father's Birthplace	Scot land
John Bailey			
Mother's Maiden Name		Mother's Birthplace	Eng land
Sarah Bell			
Name of person giving information		How related to deceased	Daughter
Mrs. Sarah R. Hilsby			

CAUSES OF DEATH

79

Primary Mitral Regurgitation  
How long 15 years.

Immediate died suddenly before any arrival.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M. Gibson Porter  
Rotland Park Md.

Accident or Suicide?

No

E.W. Mitchell  
1201 W Fayette St  
to Loudon Park. Cemt.

Dr Massenberg

Name  
in  
Full

Hilda Kolb

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND			
Date of death	Month	1908 May Sat	11	Age	One	Months	Days	
Sex	Color or Race	Girl	White	Birth-place	Baltimore			
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Name of Wife or Husband	Single	Leonard J. Kolb					
Father's Name	Leonard J. Kolb							
Mother's Maiden Name	Anna Sander							
Name of person giving Information	Amelia Axt							

CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary

Tuberculosis meningitis

How long

3 yrs

Immediate

Collapse

How long

3 hrs

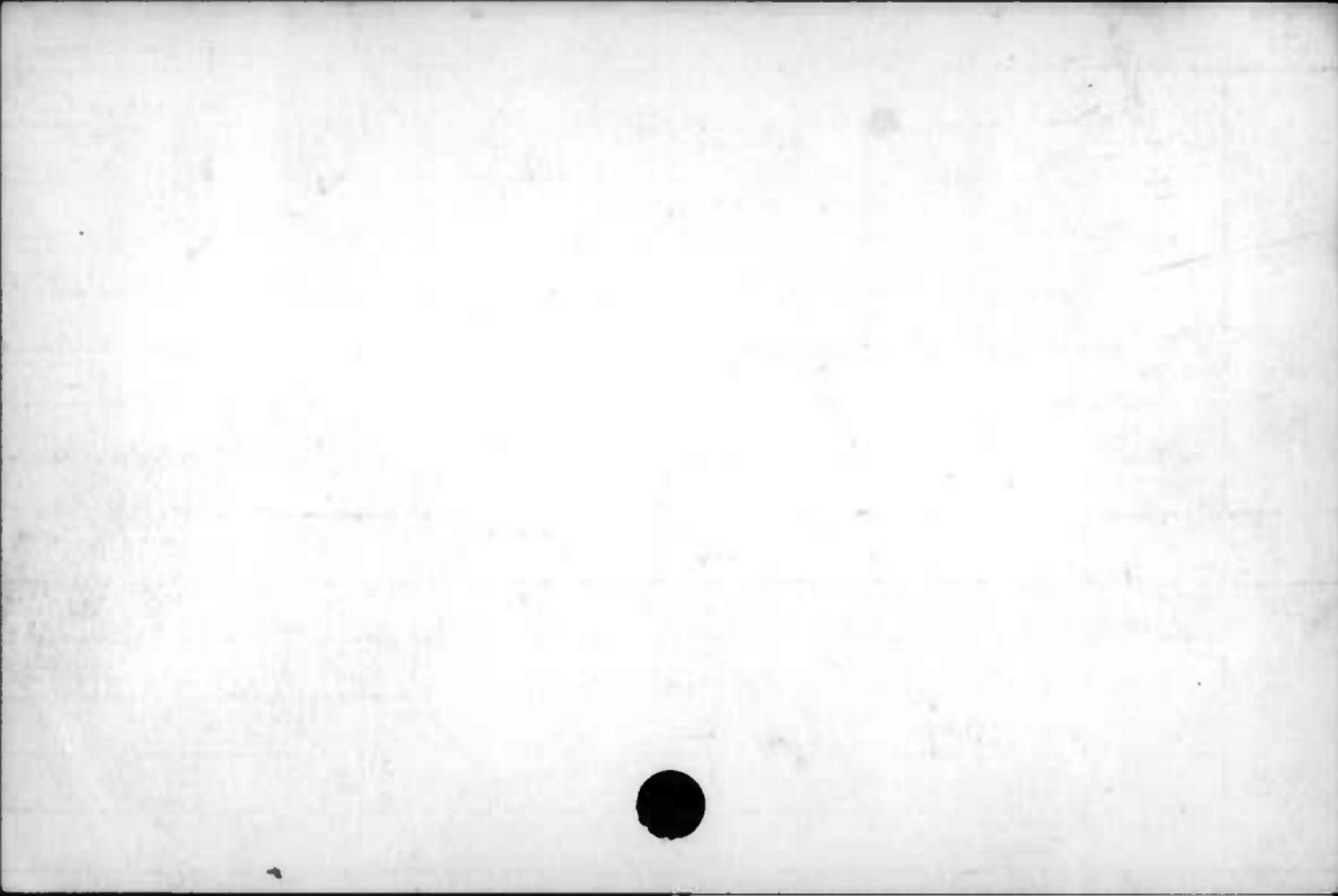
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. D. Wilson  
1735 Hollis St

Accident or Suicide?



Name  
in  
Full

George Kraft

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Inglewood Home, Catonsville				
Father's Name	John L. Kraft					
Mother's Maiden Name	Ellen Knecht.					
Name of person giving information	Mary Kraft					
CAUSES OF DEATH						
Primary	Laryngeal Epithelioma					How long
Immediate	Exhaustion					How long
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Whiteley		
			Address	Catonsville Md		
45-						

PHYSICIAN  
OR CORONER

Accident or Suicide?

Easton Sons.  
London Park Cemetery.

Dr Whittaker

Name  
in  
Full

Louis Kushner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month May	Day 10	Years 38	Months	Days
Sex	Male	Color or Race	White		Birth-place	Russia
Occupation	Taylor		Where Residing if not at place of death		121 Albemarle St Baltimore	
Married, Single or Widowed	Married	Name of Wife or Husband	Rosa Ticker			
Father's Name	David Kushner				Father's Birthplace	Russia
Mother's Maiden Name	Unknown				Mother's Birthplace	Unknown
Name of person giving information	Max Ticker				How related to deceased	Brother in law

CAUSES OF DEATH

179

How long

How long

PHYSICIAN  
OR CORONER

Primary

Heart failure

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of  
Physician

Address

David A Thompson, Chm  
3422 E. Baltimore Street  
Baltimore Co Md

Accident or Suicide?

Max Levinson -  
Broadway & Orleans St.

Remond -  
121 Albemarle St.  
City.

Name  
in  
Full

(Lambie) William B.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Occupation	Salesman		Maryland.		
Married, Single or Widowed	Name of Wife or Husband	link.			
Father's Name	William B. Lambie		Father's Birthplace	Maryland.	
Mother's Maiden Name	link		Mother's Birthplace	link -	
Name of person giving information	x		How related to deceased	x	

CAUSES OF DEATH

66

Primary

General Paresis

How long

3 yrs.

Immediate

Exhaustion

How long

1 mo.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

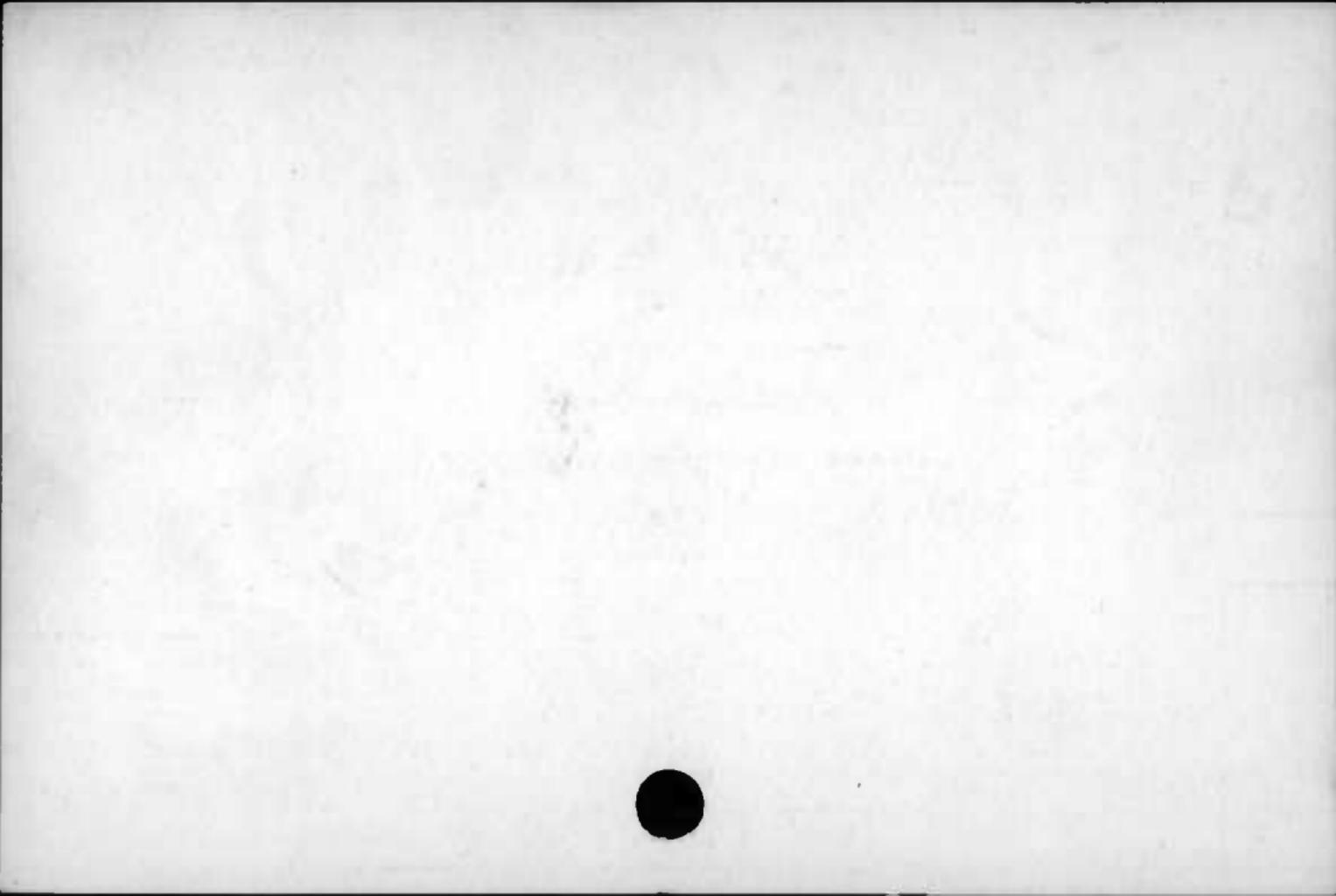
Address

Percy Wade  
Lehensville, Md

PHYSICIAN  
OR CORONER

Accident or Suicide?

No.



Name  
in  
Full

James Law

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	which	Birth-place	Ireland	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Beaver Dam			
Father's Name	Richard Law				
Mother's Maiden Name	Mary Daly				
Name of person giving information	Bernard Ellwood				

CAUSES OF DEATH

166

Primary

Frenum atrem (from injury of head) collected several hours before

Immediate

Probable absence of brain matter (sword blow)

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

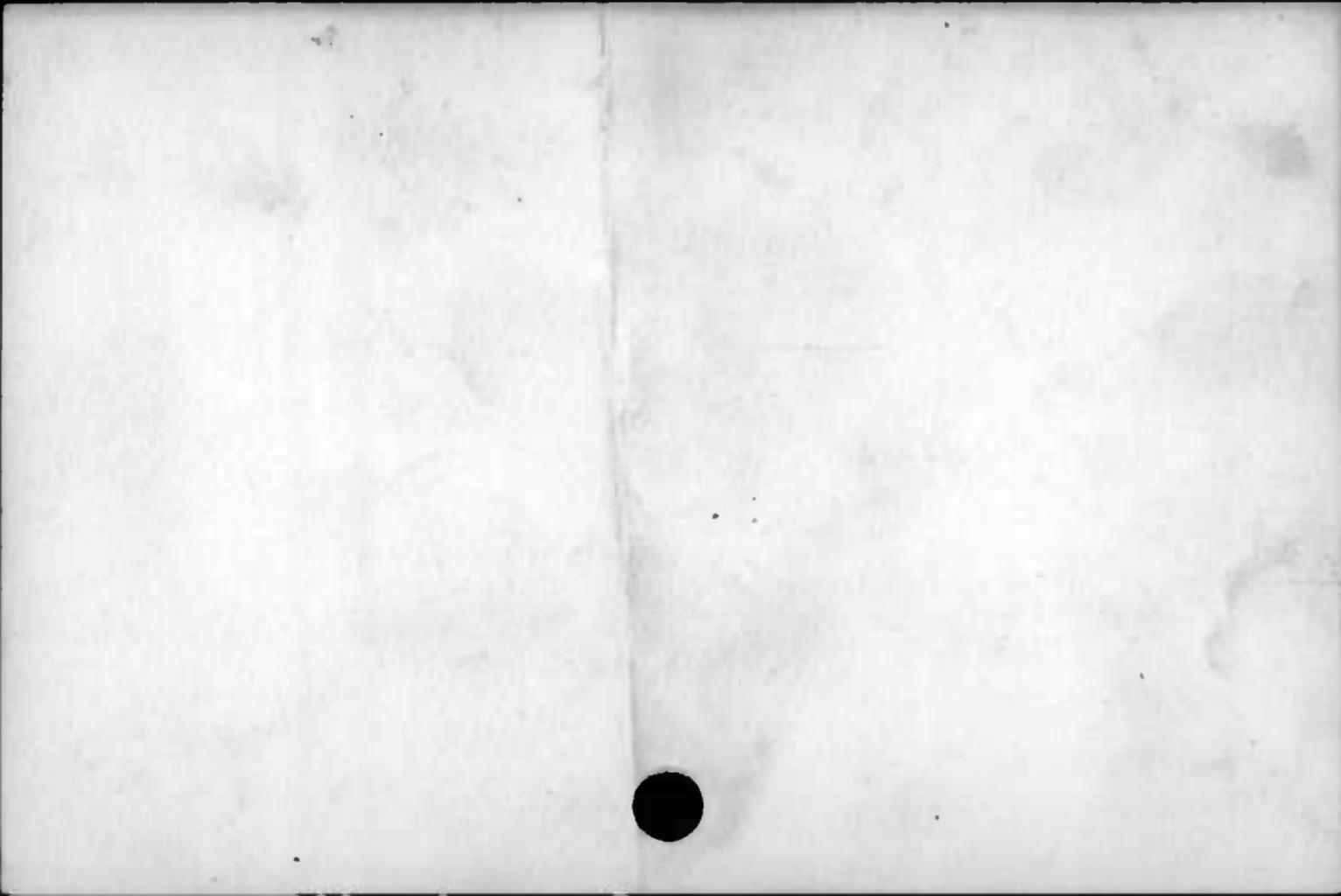
Signature of Physician

B. T. Bursby M. D.

Address

Texas Mif

Accident or Suicide?



Name  
in  
Full

Matilda Ann Senty

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Baltimore	County		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	64	
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married Husband		Reuben Senty		
Father's Name	Joshua Hunt		Father's Birthplace	2nd	
Mother's Maiden Name	Rachel Keys		Mother's Birthplace	mid	
Name of person giving information	Rachel Hunt		How related to deceased	Mother	

CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary

Cancer of Liver

How long

6 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

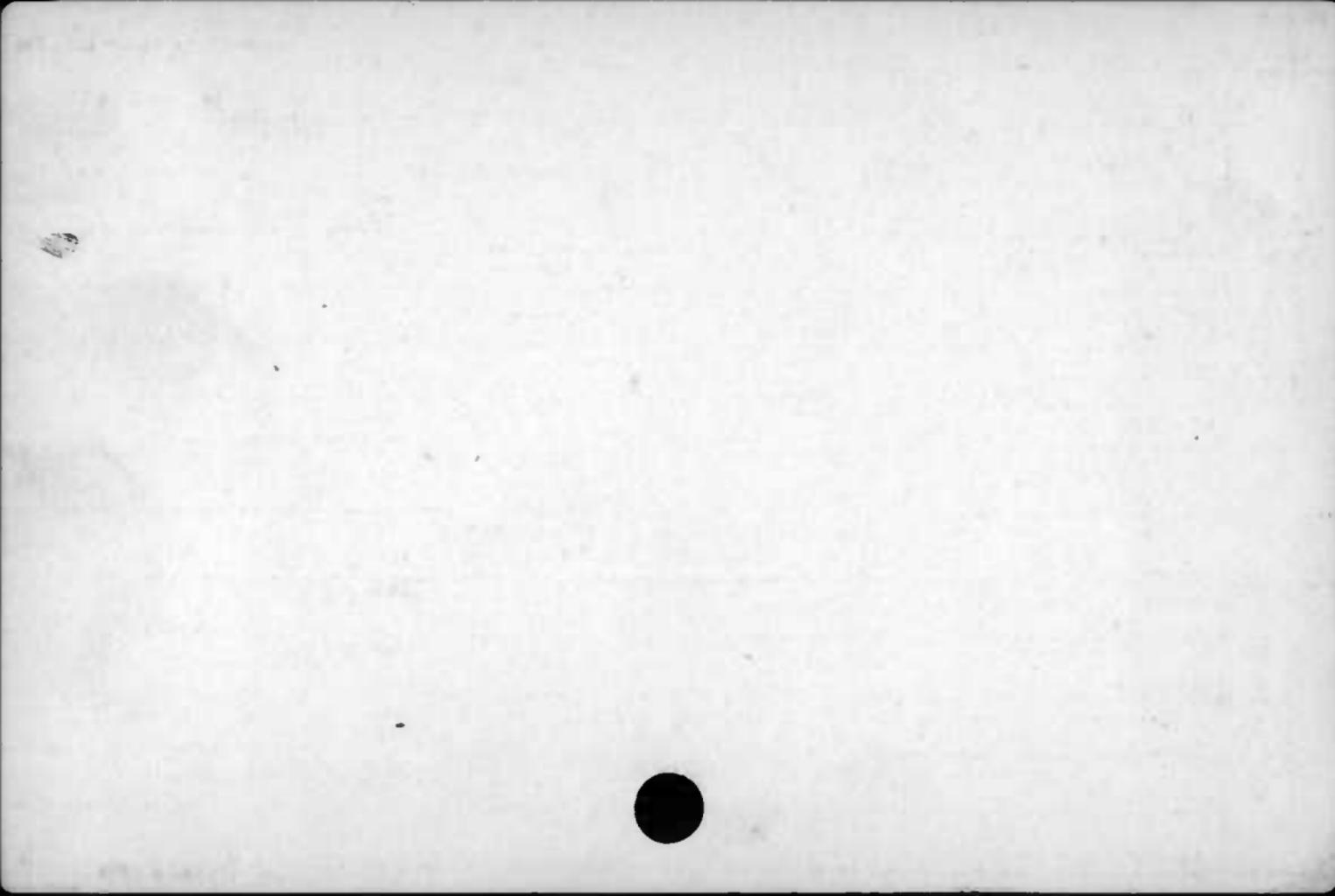
yes

Signature of Physician

Address

Willard Sturtevant  
Shane  
MD

Accident or Suicide?



Name  
in  
Full

John George Luf

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1908	Month 5	Day 24	Years 59	Months 5	Days 16
Sex	male	Color or Race	white	Birth-place	Ind	
Occupation	Carpenter			Where Residing if not at place of death	—	
Married, Single or Widowed	Married	Name of Wife or Husband	Blanche I Allmen			
Father's Name	Jacob Luf			Father's Birthplace	Ind	
Mother's Maiden Name	Wife of M. Gill			Mother's Birthplace	Ind	
Name of person giving Information	Blanche Luf			How related to deceased	wife	

CAUSES OF DEATH

18

PHYSICIAN  
OR CORONER

Primary

Encephalitis

How long

Immediate

Encephalitis

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

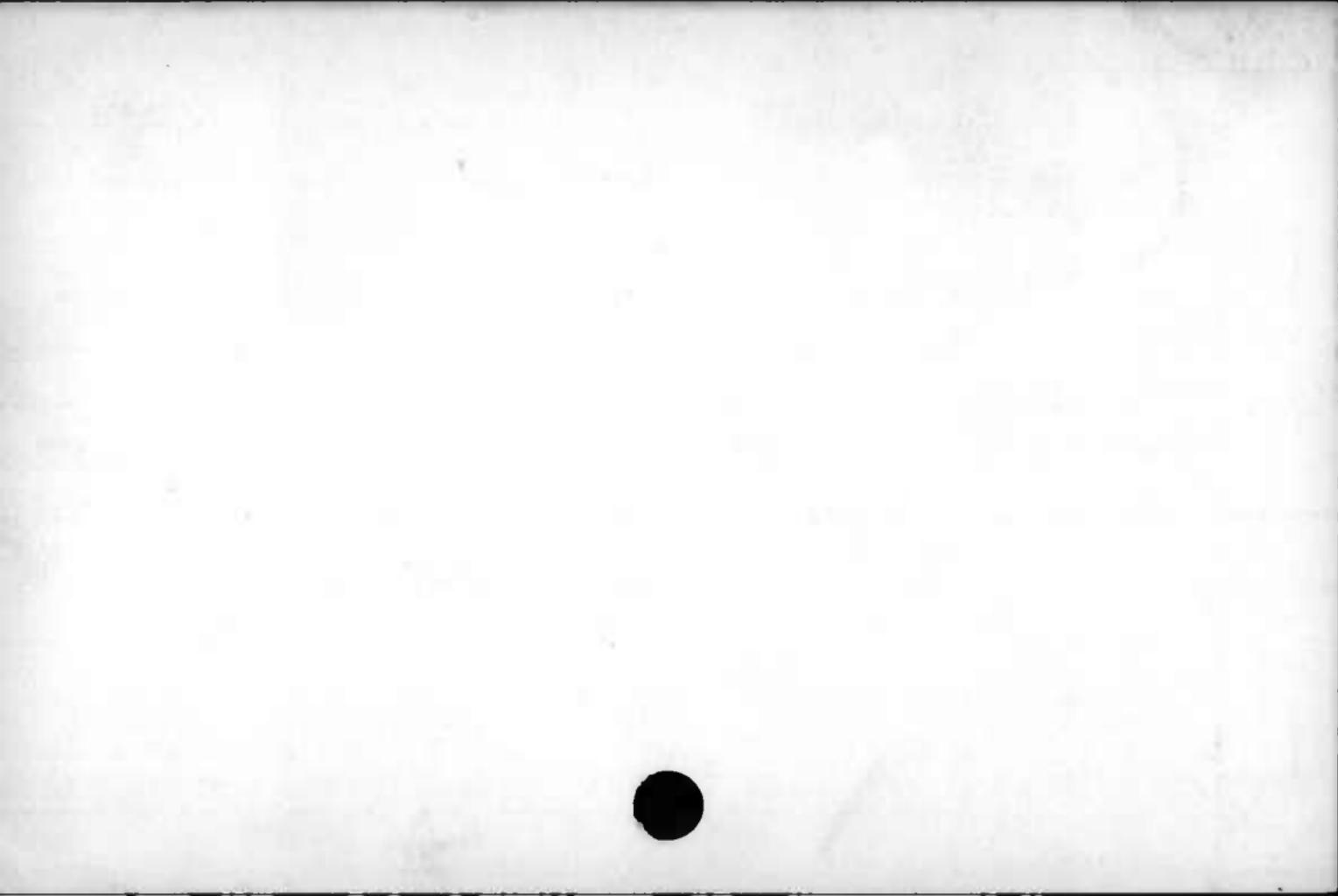
yes

Signature of Physician

Address

Fowlersburg Ind

Accident or Suicide?



Name  
in  
Full

Emma McHugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

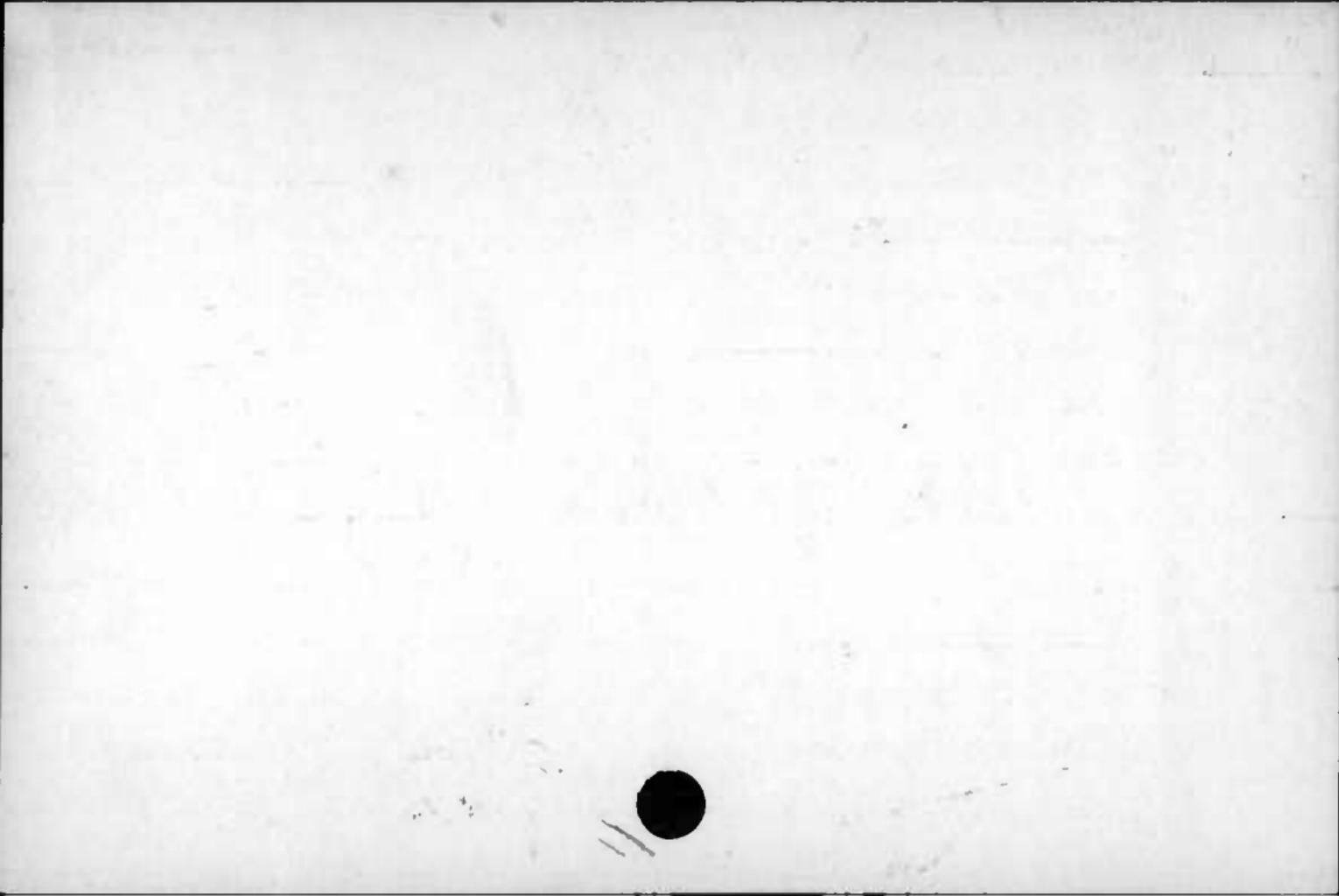
Died at <u>Mo Hope Retreat</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>31</u>	Years <u>60</u>	Age	Months <u>unknown</u>	Days <u>unknown</u>
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Tenn</u>		
Occupation <u>Housework.</u>	Where Residing if not at place of death <u>Altoona Pa -</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>                  </u>					
Father's Name <u>unknown</u>				Father's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>"</u>				Mother's Birthplace <u>"</u>		
Name of person giving information <u>Recds at Hope</u>				How related to deceased <u>not at all</u>		

CAUSES OF DEATH

(68)

PHYSICIAN  
OR CORONER

Primary <u>Melancholia Agitata</u>	How long <u>abt 7 mos -</u>
Immediate <u>Ex Autoloxaemia</u>	How long <u>                  </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes -</u>	Signature of Physician <u>Frank J. Flannery M.D.</u>
	Address <u>Mo Hope Retreat</u>
Accident or Suicide?	<u>Mo Hope Md -</u>



Name  
in  
Full

Ellen S. Matthews

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Baltimore				
Date of death 1908	Month May	Day 14	Years 59	Months —	Days —
Sex Female	Color or Race White	Birth-place Virginia			
Occupation None	Where Residing if not at place of death Md. Hosp. for Insane				
Married, Single or Widowed Single	Name of Wife or Husband X				
Father's Name Unknown	Father's Birthplace unk.				
Mother's Maiden Name "	Mother's Birthplace "				
Name of person giving information Hospital records	How related to deceased				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia (Broncho.)

92

How long

10 days.

Immediate

Exhaustion

2 days.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

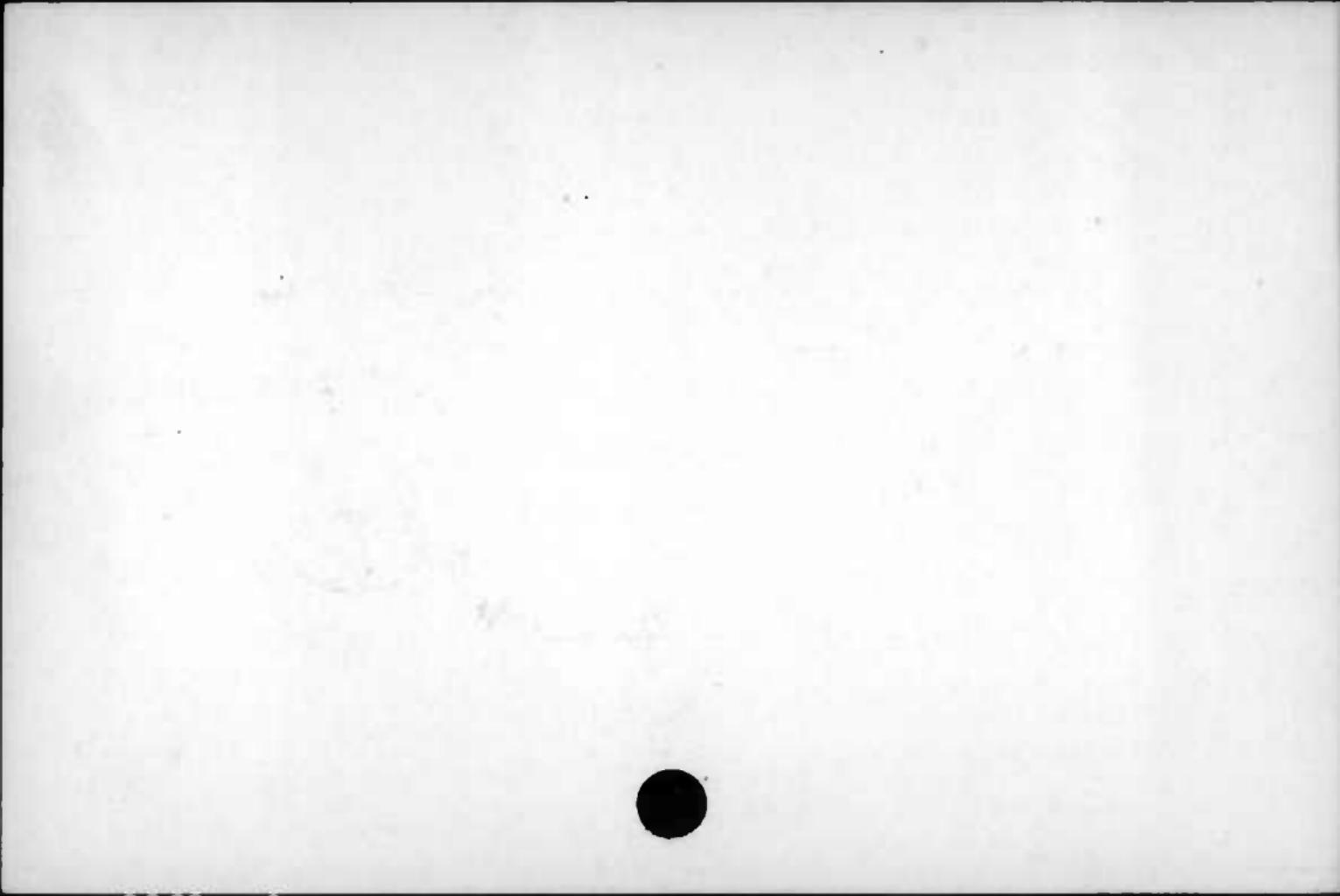
Address

R. Edw. Garrett

Md. Hosp. for Insane  
Catoctinville Md

Accident or Suicide?

No.



Name  
in  
Full

Elisha (In) Mayes

CERTIFICATE OF DEATH

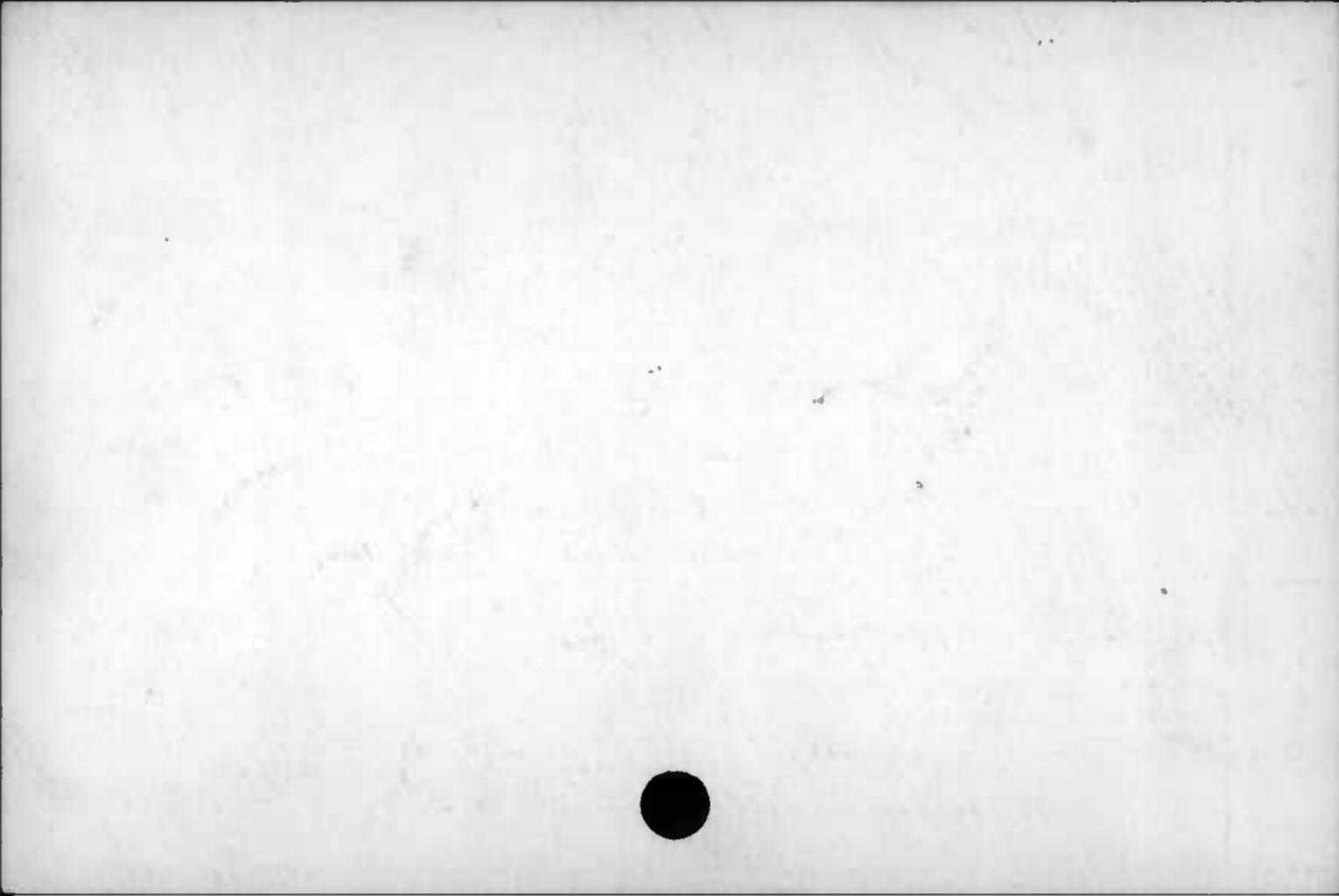
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Neamilton	Bolto					
Date of death	Month	Day	Years	Months	Days	
1908	5	19	59			
Sex	Male	Color or Race	White	Birth-place	Bolto Co	
Occupation	Retired Farmer			Where Residing if not at place of death	Hamilton	
Married, Single or Widowed	Name of Wife or Husband			Georganna Mayes		
Father's Name	Jeremiah Mayes			Father's Birthplace	Bolto Co	
Mother's Maiden Name	Ellen Green			Mother's Birthplace	Bolto Co	
Name of person giving information	Georganna Mayes			How related to deceased	Wife	

CAUSES OF DEATH

64

Primary	Organic Heart Disease		How long	Unknown
Immediate	Apoloplexy		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	George Langford	
		Address	Hamilton Md	
Accident or Suicide?				



Name  
in  
Full

Nimie Mentro

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Westport		County	Baltimore		MARYLAND			
Date of death	Month	8	Day	8	Age	5	Months	1	Days	17
Sex	female	Color or Race	white	Birth-place	Southchase					
Occupation	nones		Where Residing if not at place of death	Westport Pa.						
Married, Single or Widowed	Single	Name of Wife or Husband	child	Father's Name	William Mentro					
Father's Name	William Mentro		child	Father's Birthplace	Oswego N.Y.					
Mother's Maiden Name	Lizzie Clark		child	Mother's Birthplace	Masnlow					
Name of person giving information	William Mentro		child	How related to deceased	Father					

CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary

Enteritis

Immediate

Convulsions

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. O. Glau  
Not Wm. Glau

Accident or Suicide?

William B Crothers

Bonnie Brae.

Herman Mischelring

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Gardenville</u>		Town	County <u>Baltimore County</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>12</u>	Years <u>66</u>	Age <u>66</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>male</u>	Color or Race <u>white</u>	Birthplace <u>Germany</u>		Summary <u>9024 Central Ave</u>			
Occupation <u> </u>		Where Residing if not at place of death					
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u>Pauline Mischelring</u>	Father's Birthplace <u>Germany</u>					
Father's Name <u>Herman Mischelring</u>	Mother's Birthplace <u>Germany</u>						
Mother's Maiden Name <u> </u>	How related to deceased <u>2</u>						
Name of person giving information <u>Pauline Mischelring</u>							

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Hartman Schone Corcoran

Gardenville Baltimore County

Accident or Suicide?

By Suicide by Hanging

Baltimore ~~Family~~  
Rob Turner  
Accidental

Name  
in  
Full

William Moore

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Baplar Heights		County Baltimore		MARYLAND	
Date of death 1908	Month 5.	Day 10	Age 32	Months 7	Days 3
Sex Male	Color or Race colored	Birth-place Va.			
Occupation Farm Laborer		Where Residing if not at place of death Baplar Heights			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary Moore.		
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving information	Edward Russell				

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary

Mitral Regurgitation

How long

years

Immediate

General Anasarca

How long  
4 weeks.

Are the name, age, sex, color, date and place correctly given above?

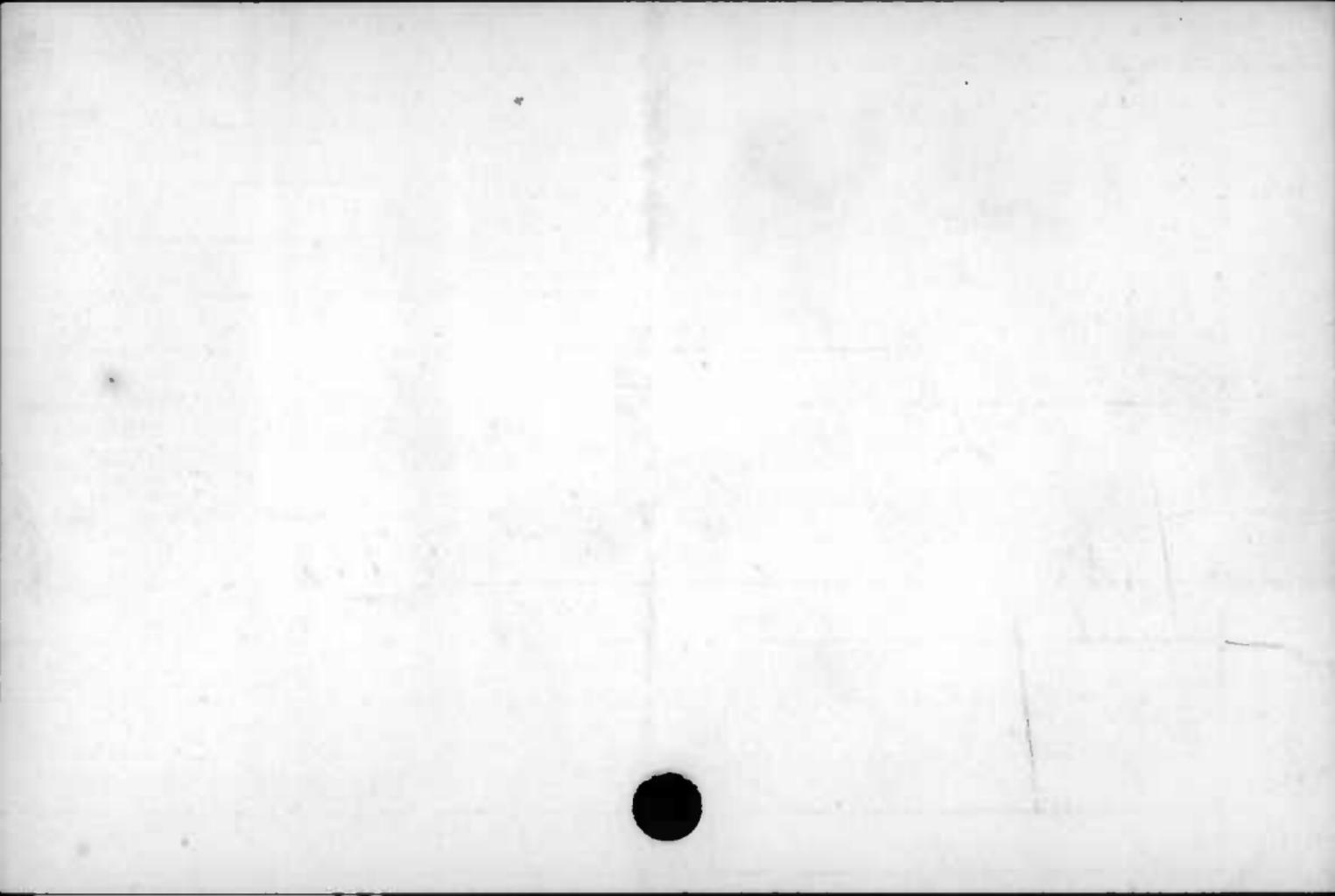
Yes

Signature of Physician

Address

Dr. F. A. Slantz  
41 Easter Ave. D.

Accident or Suicide?



Name  
in  
Full

Edgar Paul Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
1908	May	17	8 hours	.	.
Sex	Male	Color of Race	white	Birthplace	
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John T. Morris		Father's Birthplace	virginia	
Mother Maiden Name	Dora Winkens or Williams		Mother's Birthplace	virginia	
Name of person giving information	John T. Morris		How related to deceased		

CAUSES OF DEATH

71

Primary

Toxaemia

How long

Immediate

Ecclampsia

How long

8 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

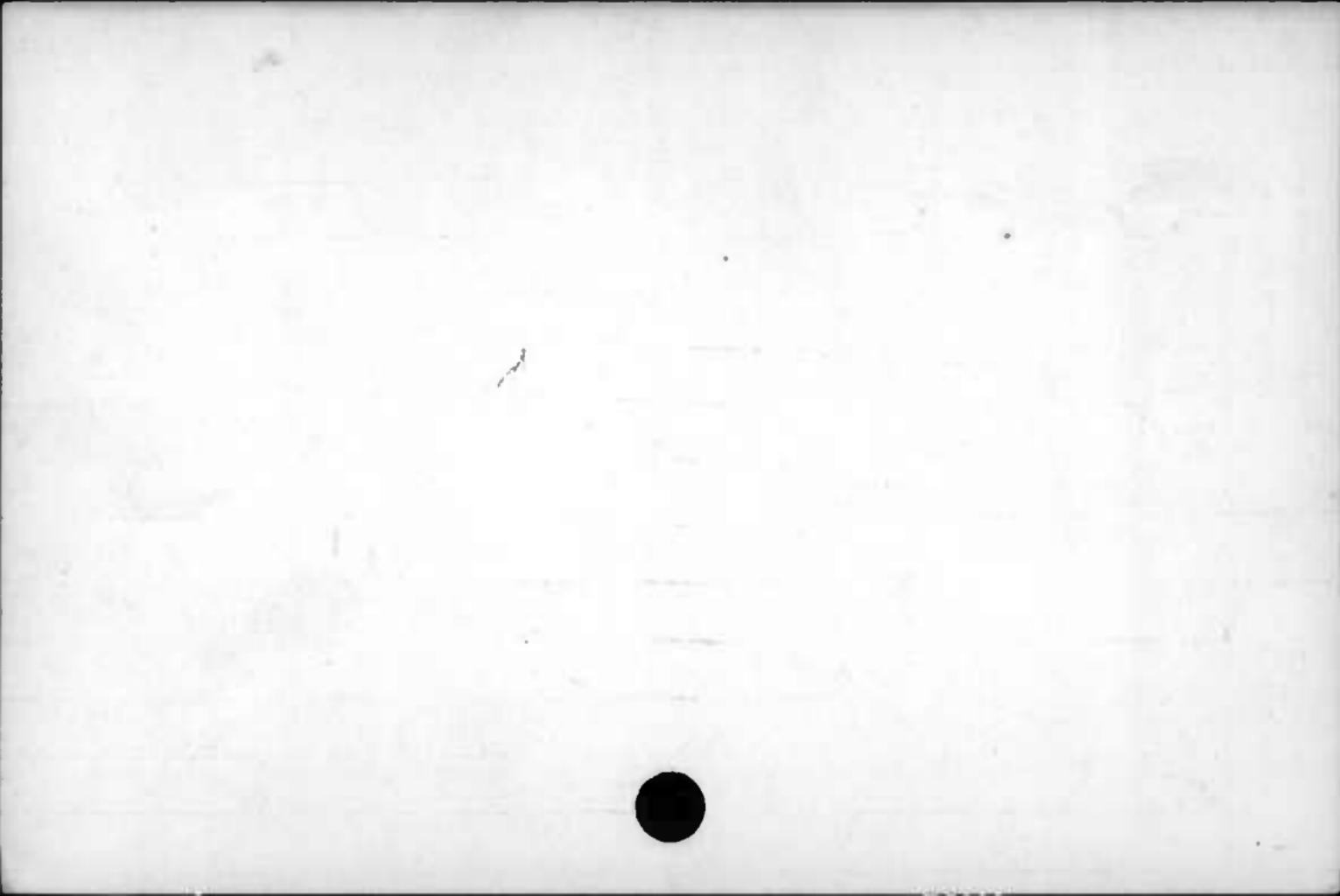
Signature of Physician

E. P. Sandrock M.D.

Address

St. Agnes Hospital

Accident or Suicide?



Name  
in  
Full

Priscilla B. Morton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Hillen Road	Baltimore			
Date of death	Month	Day	Years	Months	Days
1908	May	20	84	—	—
Sex	Female	Color or Race	white	Birth-place	Maine
Occupation	Warden lady of means				
Where Residing if not at place of death	At Residence				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	a. B. Morton				
Mother's Maiden Name	Anne Joy				
Name of person giving information	Miss Lombard				
CAUSES OF DEATH					
Primary	65				
Softening of Brain	How long				
Exhalation	several months				
Immediate	How long				
	1 week				

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. L. Deacon  
Gorntown Md

Accident or Suicide?

EM Mitchell  
1201 W Fayeth st  
To Greenmount

Name  
in  
Full

Peter J. Noonan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1908	Month May	Day 16	Years 64	Months	Days
Sex	male	Color or Race	white	Birth-place	Balto	
Occupation	Farmer		Where Residing if not at place of death	Mary J. Noonan		
Married, Single or Widowed	Name of Wife or Husband		Mary J. Noonan			
Father's Name	Patrick Noonan		Ireland			
Mother's Maiden Name	Mary Noonan		Ireland			
Name of person giving information	Ella Noonan		Brother			

CAUSES OF DEATH

142

PHYSICIAN  
OR CORONER

Primary  
Organic heart disease  
Immediate Gangrene of lower limbs

How long  
4 or 5 years

Are the name, age, sex, color, date and place correctly given above?

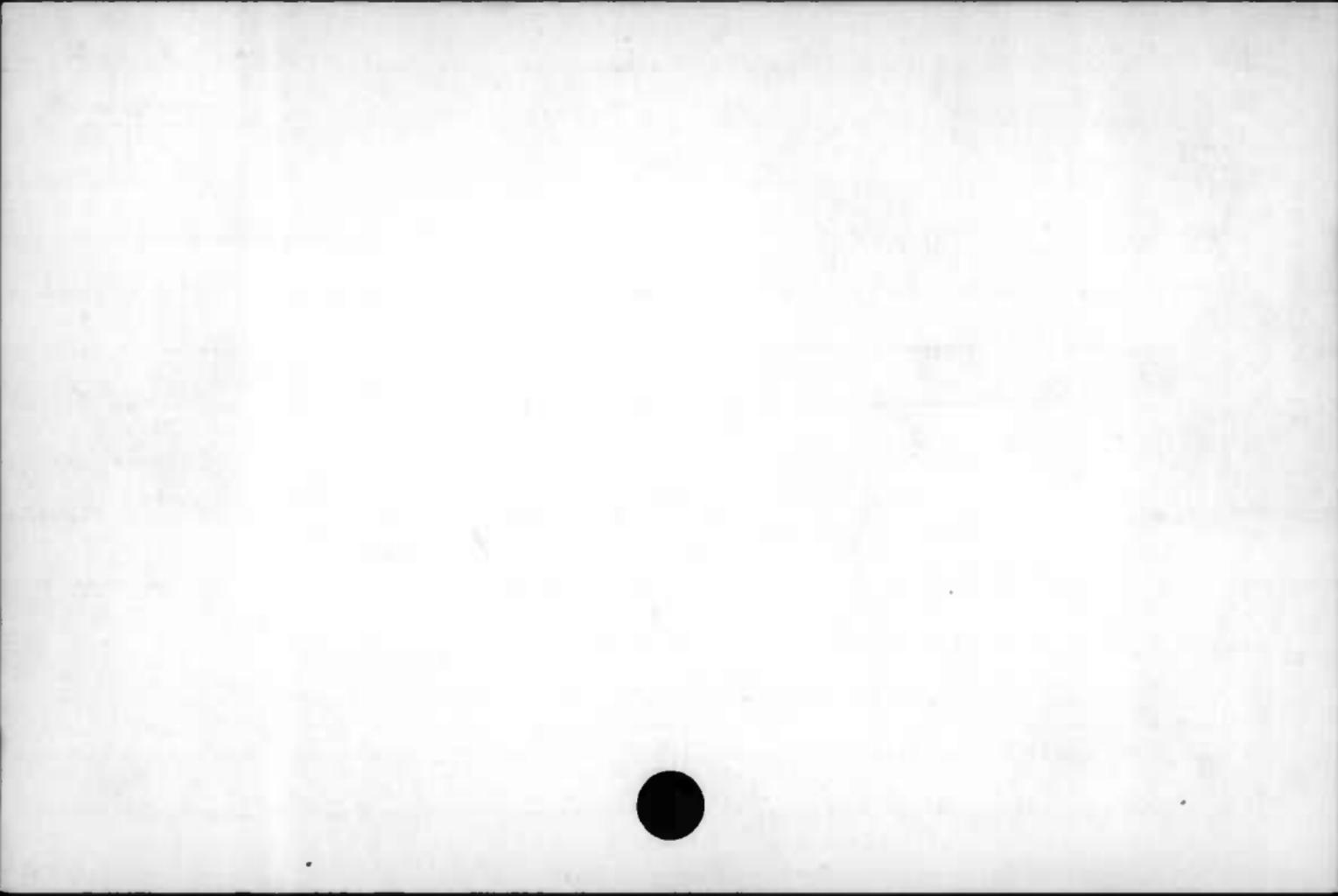
yes

Signature of Physician

Dr. J. S. Green  
Gittings  
Md.

Address

Accident or Suicide?



Name  
in  
Full

Anna O Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

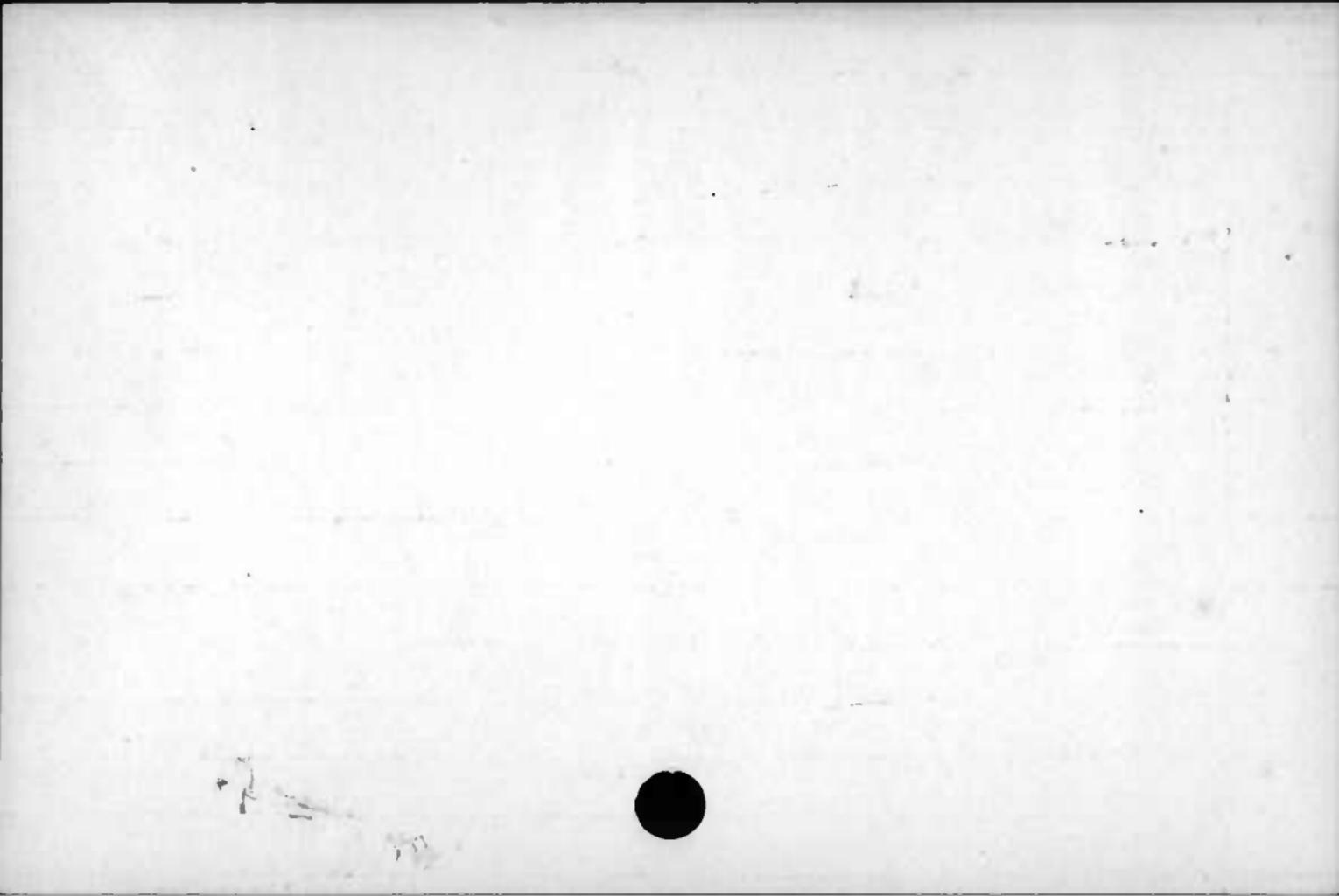
Died at	Town	Baltimore	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days			
1908	May	30	60	unknown	unknown			
Sex	Female	Color or Race	White	Birth-place	Orland			
Occupation	Where Residing if not at place of death					Phila Pa -		
Seamstress								
Married, Single or Widowed	Single	Name of Wife or Husband						
Father's Name	not Known					Father's Birthplace	unknown	
Mother's Maiden Name	"	"					Mother's Birthplace	"
Name of person giving information	Reeds Mt Hope Retir					How related to deceased	not at all -	

CAUSES OF DEATH

68

PHYSICIAN  
OR CORONER

Primary	Malaria Depression			How long	6 mos -
Immediate	Ex - Pul Congest - & Cardiac Collapse			How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frank J Flannery		
		Address	Mt Hope Retir		
Accident or Suicide?	Baltimore Co Md				



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town Balto., Co. Plushouse	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	5	25	49			
Sex	Male	Color or Race	White	Birth- place	md. Catonsville	
Occupation	Landscape gardener		Where Residing if not at place of death	see above		
Married, Single or Widowed	Married	Name of Wife or Husband	Johnson			
Father's Name	Unknown		Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown		
Name of person giving Information	Thos. C. Bussey MD		How related to deceased	None		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis Do not know

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

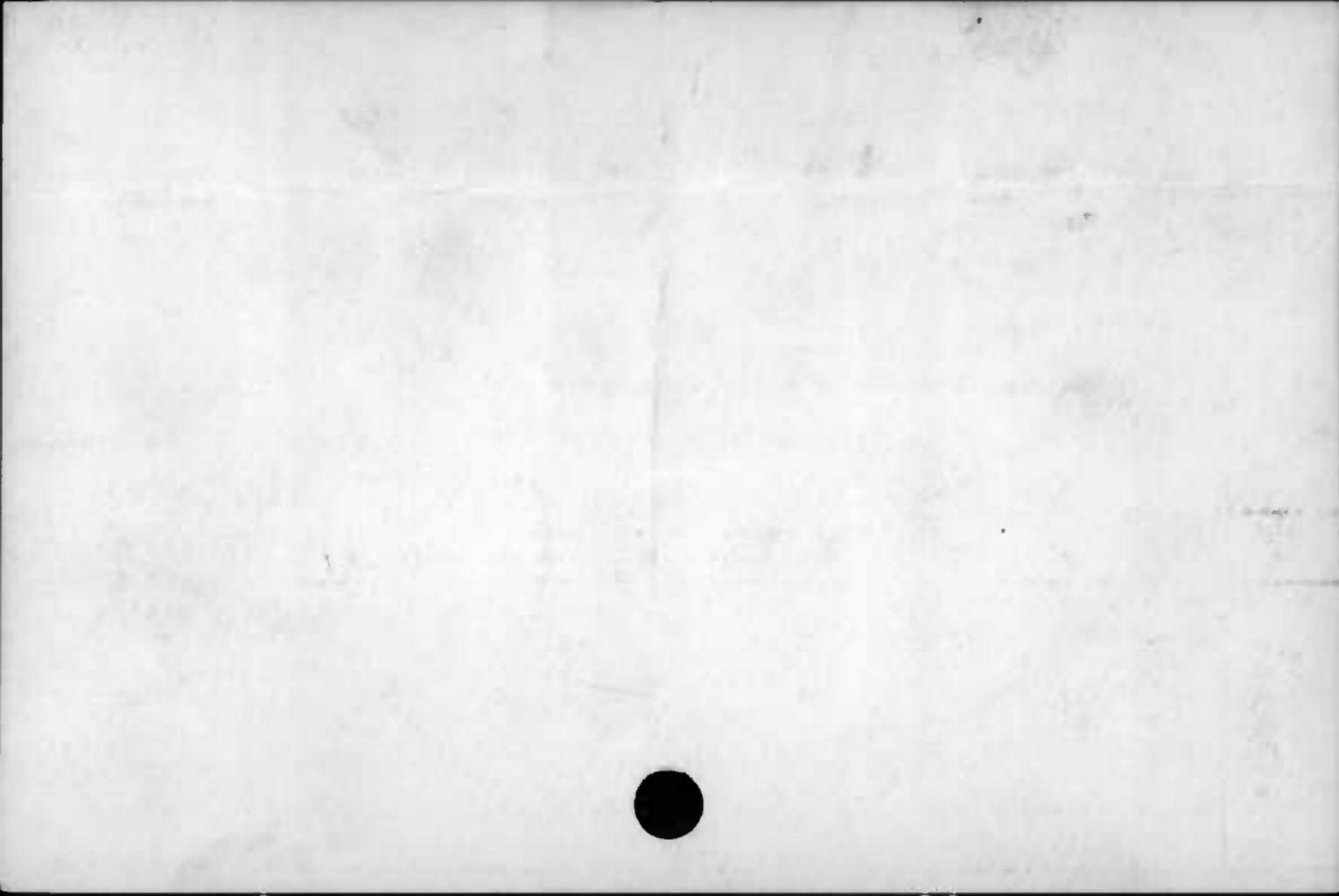
Yes

Signature of  
Physician

Address

Thos. C. Bussey MD  
Texas J.  
Md

Accident or Suicide?



Name  
in  
Full

Louis Durbin Passano

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Roland Park</u>		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>6<sup>th</sup></u>	Years <u>64</u>	Months <u>11</u>	Days <u>26</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Baltimore</u>			
Occupation <u>Trimmer</u> <u>Williams &amp; Williams Co</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Alice May under Passano</u>				
Father's Name <u>Leonard Passano</u>	Father's Birthplace <u>Seneca</u> <u>July</u>				
Mother's Maiden Name <u>Perthenia Phelps</u>	Mother's Birthplace <u>Baltimore</u>				
Name of person giving Information <u>Edward B. Passano</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary

Liver gangrene

How long

93

How long

93

How long

93

Immediate

Heart failure

How long

How long

How long

Are the name, age, sex, color, date and place correctly given above?

Yrs.

Signature of  
Physician

Wm. C. Bode

Address

1900 Maryland Ave

Accident or Suicide?

Interments Greenmount Cemetery  
Baltimore Md

Undertakers  
Stewart & Mowen Co  
215 Park ave  
Baltimore Md.

Name  
in  
Full

Michael Piscor

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at 12th Street.		Town Boston	County Boston	MARYLAND		
Date of death 1908	Month May	Day 11	Age 70	Years	Months 1	Days xx
Sex male	Color or Race white	Birth-place Poland				
Occupation Farmer	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband Mary Piscor					
Father's Name John Piscor			Father's Birthplace Poland			
Mother's Maiden Name Annie - - - - -			Mother's Birthplace Germany			
Name of person giving Information Mary Piscor			How related to deceased widow.			

CAUSES OF DEATH

40

How long don't know  
my mother die 3 mos ago  
How long abt 2 weeks.

PHYSICIAN  
OR CORONER

Primary Gastric Cancer

Immediate Asthma

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

M. M. Wright

Address

Carroll & Dallen Co.  
Baltimore Md.

Accident or Suicide?

*A. Stanislaus.*

MAY 14 1908

M. F. SADOWSKI,  
703 S. ANN ST.  
BALTIMORE; MD.

Name  
in  
Full

Harriett Proctor

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Gowans town</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>5</u>	Day <u>15</u>	Age <u>70</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>			Birth-place <u>Maryland</u>	
Occupation <u>House maid</u>	Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>			Father's Name <u>Robert Proctor</u>	Father's Birthplace <u>Don't know</u>
Mother's Maiden Name <u>Don't know</u>			Mother's Birthplace <u>Don't know</u>		
Name of person giving Information <u>Mary Wallingham</u>			How related to deceased <u>Grand Niece</u>		

CAUSES OF DEATH

68

Primary Melancholia How long 6 mo.

Immediate Senile Debility How long 1 yr

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Geary A. Ling, M.D.

Hannibal

MD

Accident or Suicide?

no

Jork Cemetery

Frederick Laudahn & Sons

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Guail  
Died at Mt Werners

CERTIFICATE OF DEATH

Town	County		MARYLAND		
Died at	Baltimore				
Date of death	Month	Day	Years	Months	Days
1908	May	26	110	no	17
Sex	Color or Race	Age	Birth-place		
male	white	infant	Mt Werners		
Occupation	Where Residing if not at place of death				
None	Mt Werners				
Married, Single or Widowed	Name of Wife or Husband	Infant			
infant	James Guail				
Father's Name	Ohio				
James Guail					
Mother's Maiden Name	New Jersey				
Annisie Parry					
Name of person giving information	Father				
James Guail					

CAUSES OF DEATH

151

How long

18 days

How long

8 days

Signature of Physician

Address

DeGlauc  
Mt Werners  
Md

Primary

Congenital Debility

Immediate

yellow Jaundice

Are the name, age, sex, color, date and place correctly given above?

yes

Accident or Suicide?

A. Cowan.

Name  
in  
Full

Bernard Tuill

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month 5	Day 26	Age 76	Years	Months
Sex Male	Color or Race white	Birth- place Germany	Days		
Occupation Unknown	Where Residing if not at place of death Unknown	Unknown			
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown	Unknown	
Name of person giving Information	Dr. P. B. Bussey	How related to deceased	None		

CAUSES OF DEATH

27

How long

How long

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis 6 mos.

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

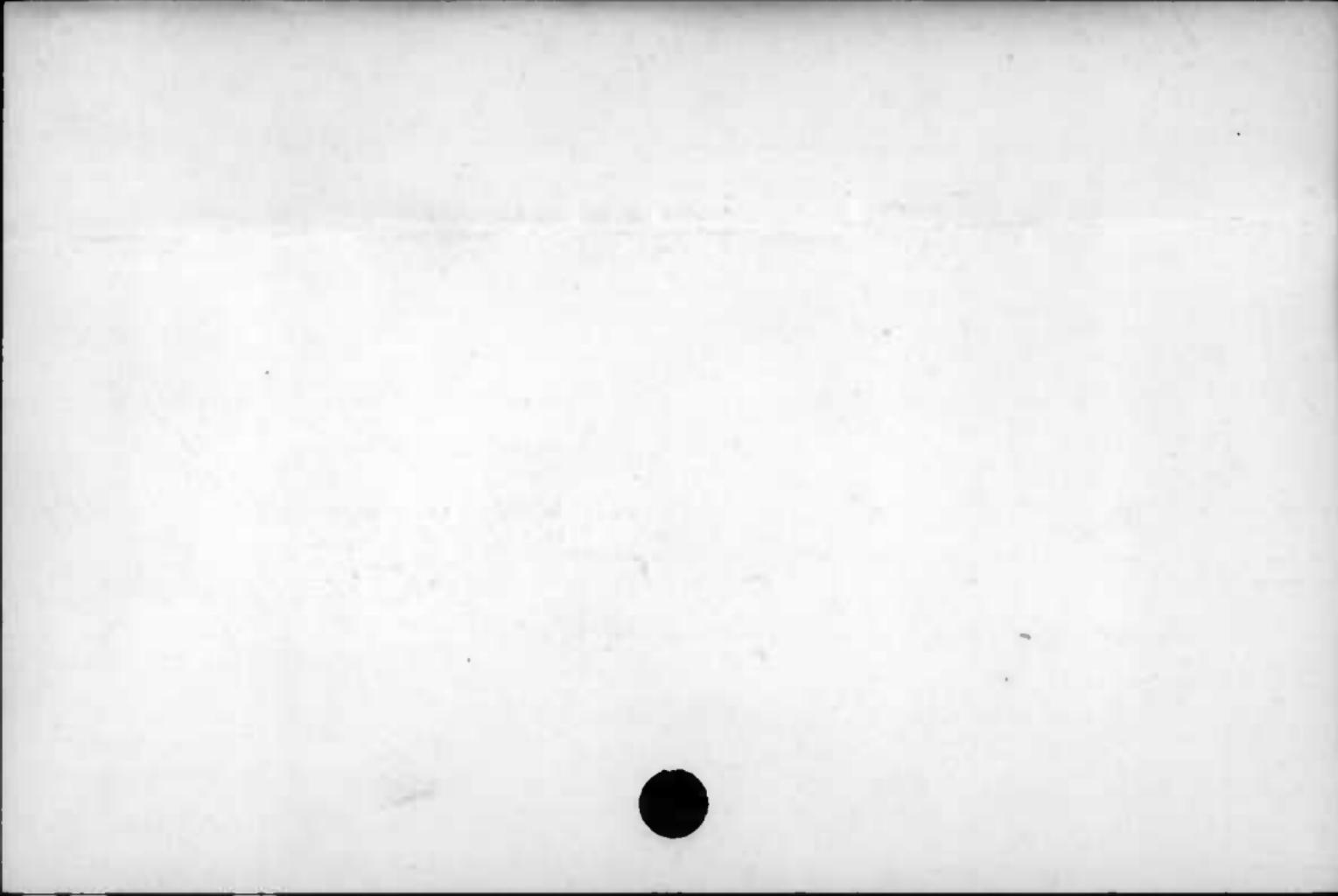
Yes

Signature of  
Physician

Address

Dr. P. B. Bussey  
Dallas, Md.

Accident or Suicide?



Name  
in  
Full

Phos. Rattigan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Balli. <sup>Town</sup> Co. <sup>County</sup> Alabashouse

MARYLAND

Date of death 1908	Month 5	Day 12	Years 80	Months	Days
Sex Male	Color or Race white	Birth-place Ireland			
Occupation Laborer	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Hannah Kelly			
Father's Name	Daniel Rattigan				
Mother's Maiden Name	Knight				
Name of person giving information	elia Kelly 27				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis Don't Know

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

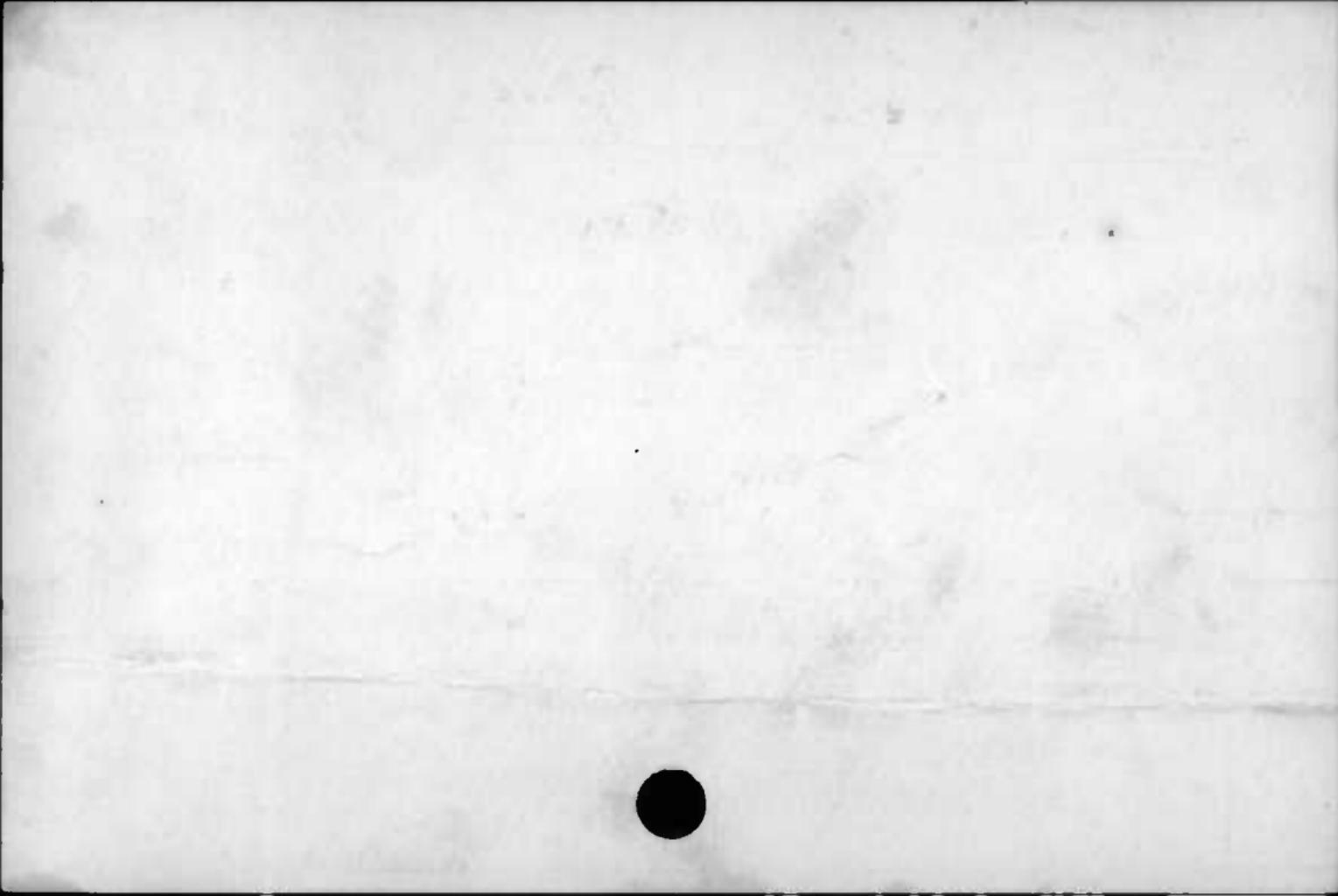
Dr. Phos. C. Bussey

Texas

Md.

Accident or Suicide?

No



Name  
In  
Full

E W Rawles

CERTIFICATE OF DEATH

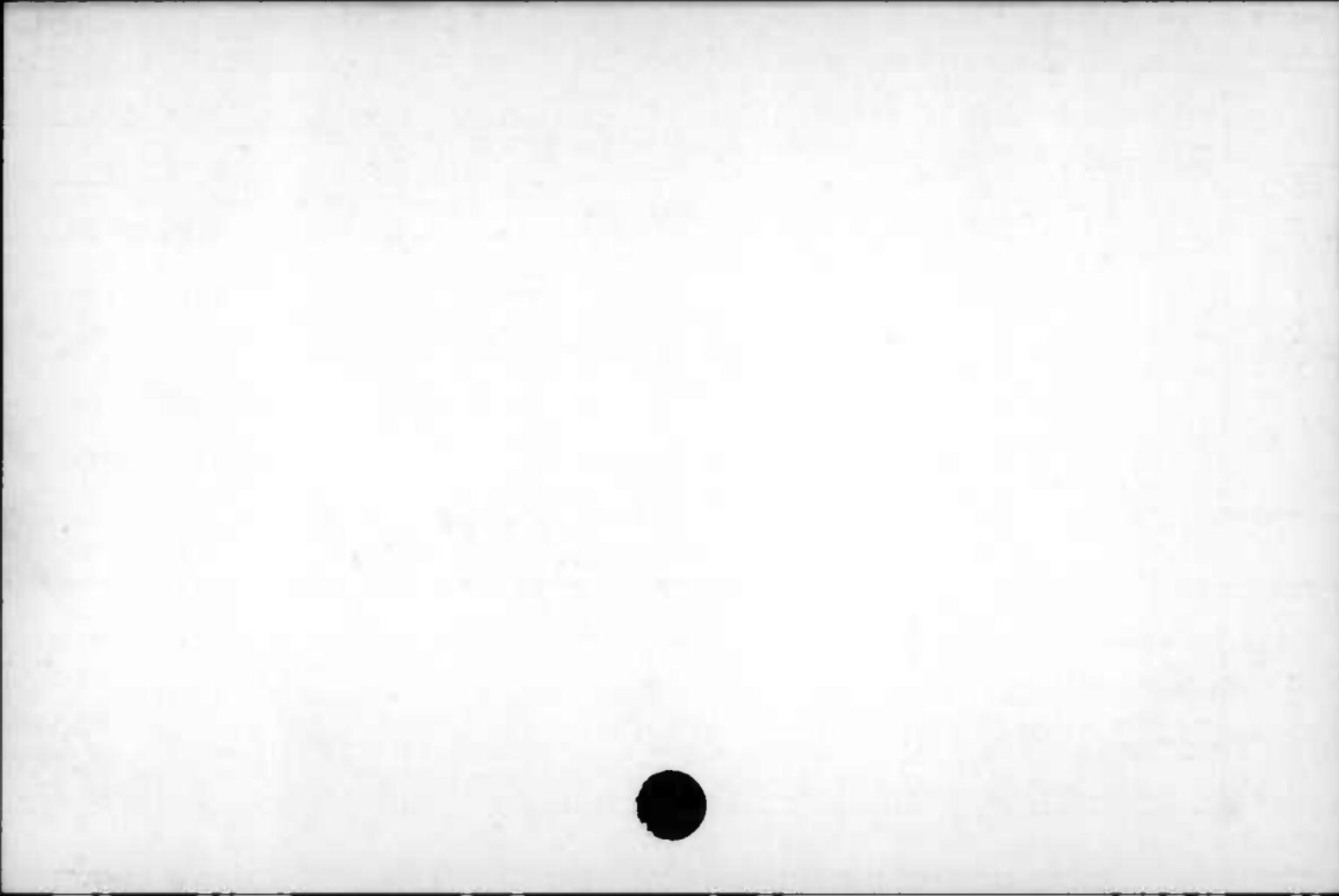
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Cantonsville		Baltimore				
Date of death	Month	Day	Years	Age	Months	Days
1908	May	31	74			
Sex	Male	Color or Race	white	Birth-place	Ja	
Occupation	Jeweler			Where Residing if not at place of death	Jorbo 76	
Married, Single or Widowed				Don't know		
Father's Name	Not known			Father's Birthplace	Not known	
Mother's Maiden Name	Not known			Mother's Birthplace	Not known	
Name of person giving information				How related to deceased		

CAUSES OF DEATH

154

PHYSICIAN OR CORONER	Primary	Senile Dementia	
	Immediate	Alma of th glattis	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		John J. Murphy MD Cantonsville MD	



Name  
in  
Full

Florence E. Reeder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Lansdowne</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>5</u>	Years <u>28</u>	Months <u>8</u>	Days <u>13</u>	
Sex <u>Female</u>	Color or Race <u>white</u>					Birth-place <u>Balt Co. Md.</u>
Occupation <u>House wife</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>/</u>	Name of Husband <u>Charles W. Reeder</u>					
Father's Name <u>Jacob Edler</u>	Father's Birthplace <u>Ind.</u>					
Mother's Maiden Name <u>Mary C. Arnold</u>	Mother's Birthplace <u>Ind.</u>					
Name of person giving information <u>Mary C. Edler - ✓</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

113

How long

3 days

How long

3 hours

Primary

Cholelithiasis & Hepatic Colic

Immediate

Syncope & Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

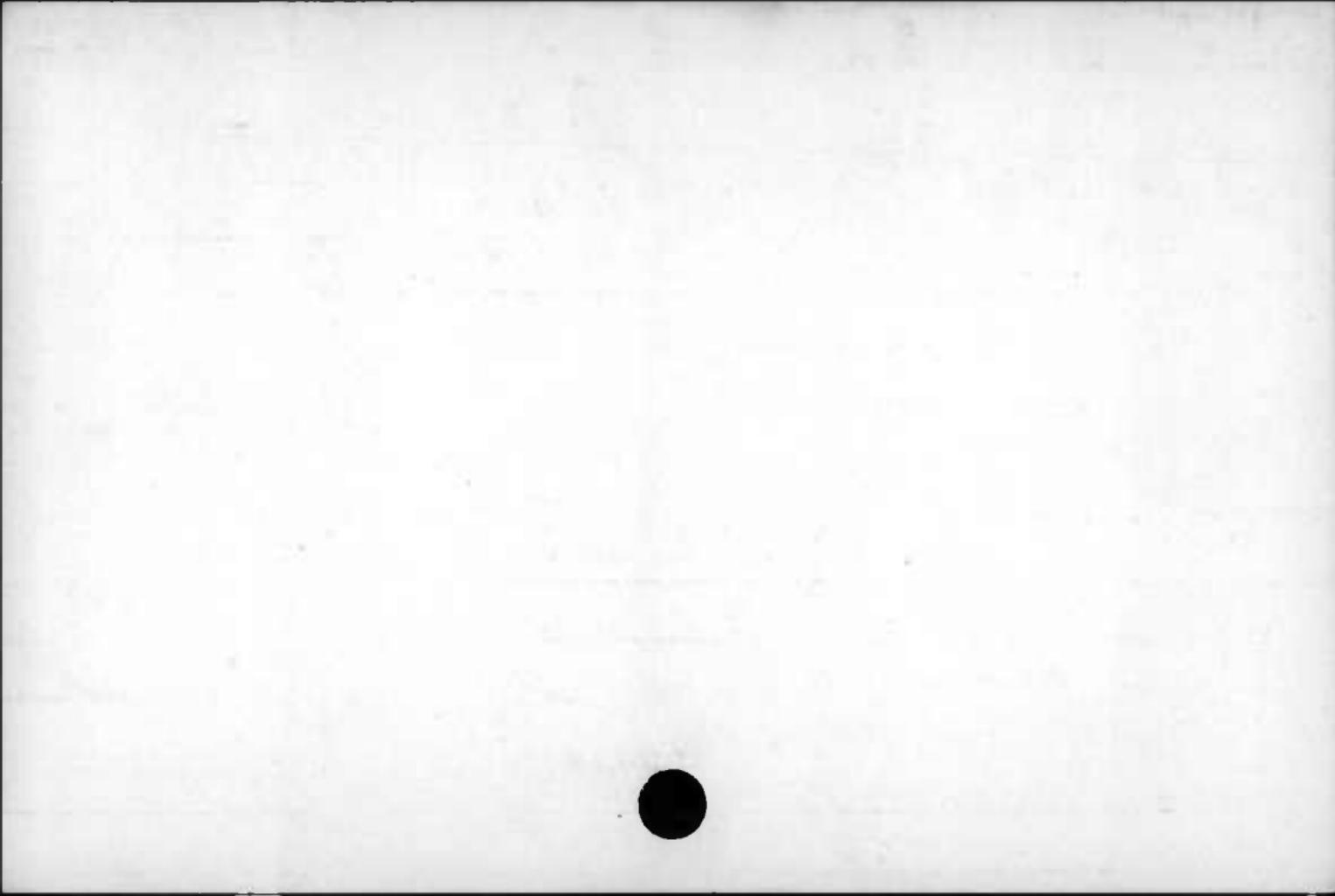
Signature of Physician

Frank H. Park

Address

Lansdowne Balt Co. Md.

Accident or Suicide?



Name  
In  
Full

Elsie May Retter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Shawnee	own	County	Dalton	MARYLAND		
Date of death	1908	Month	Day	Years	Months		
Sex	Female	Color or Race	white	Age	Days		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	—	Name of Wife or Husband	Shawnee Md.				
Father's Name	Peter Retter					Father's Birthplace	Sweet Air Md
Mother's Maiden Name	Mary Lee Benson					Mother's Birthplace	Mt. Carmel Md
Name of person giving information	Peter Retter					How related to deceased	Father

CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary	Hydrocephalus	How long	One month
Immediate	Convulsions	How long	from birth
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. K. Drach M.D.
		Address	Butler Md.
Accident or Suicide?			

Funeral at Mt Carmel  
Monday May 19<sup>th</sup>

H. C. Brooks

Name  
in  
Full

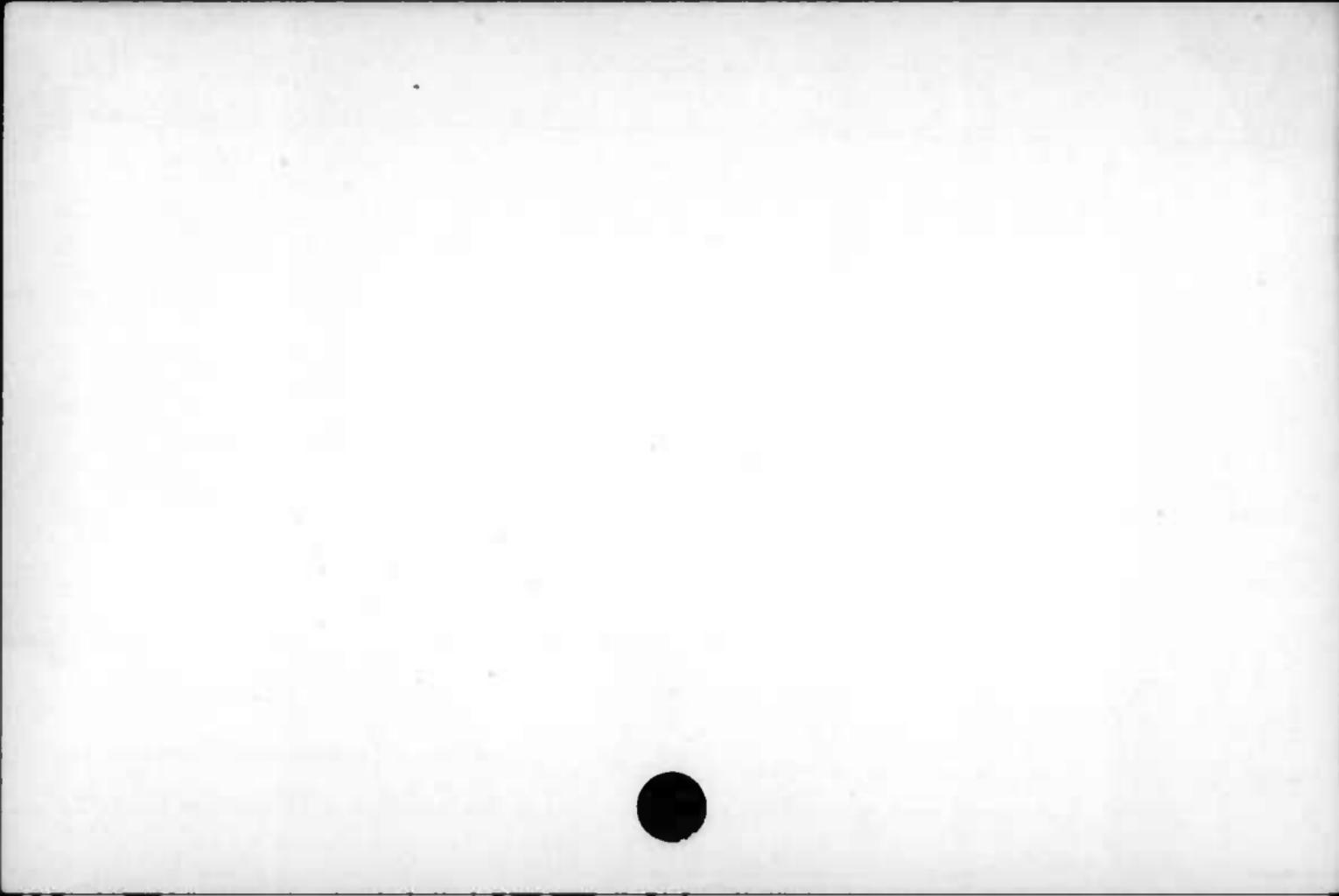
Fred Rennenberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	65	—
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Baltimore City		
Father's Name	not known			
Mother's Maiden Name	not known			
Name of person giving Information	J. Harman Schone			
CAUSES OF DEATH				
Primary	Hanging with suicidal intent			
Immediate	Strangulation			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Address		
Accident or Suicide?		157		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Anna M. Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Highlandtown

County

Balto.

MARYLAND

Date  
of death

Month

190

8 May

Day

2<sup>nd</sup>

Years

48

Months

1

Days

1

Sex

Color or  
Race

Female

White

Birth-  
place

Balto. Md.

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Jno. W. Sanders

Father's  
Name

George Michel

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Ausa Lindner

Mother's  
Birthplace

" "

Name of person giving  
Information

Jno. W. Sanders

How related  
to deceased

Husband

CAUSES OF DEATH

27

Primary

Tuberculosis

How long

about one year

Immediate

"

How long

" "

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. H. Hollenburg  
1810 E Balto St

PHYSICIAN  
OR CORONER

Accident or Suicide?

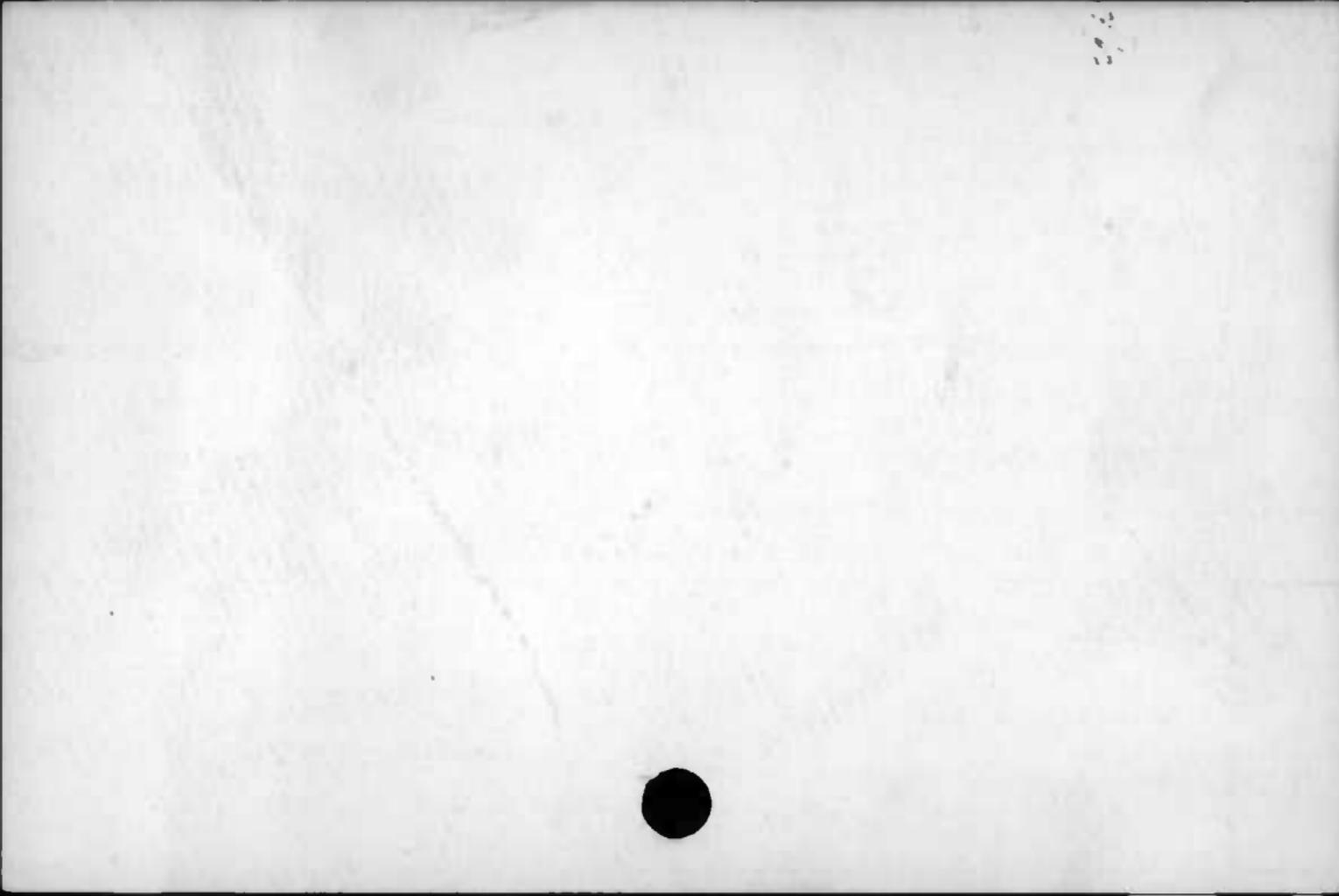
Holy Redeemer Cemetery

May 5<sup>th</sup> 1908

Germanus France

To BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Color or Race		Age		Birth-place	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		dead		Germany	
Father's Name	Don't Know			Father's Birthplace		Germany
Mother's Maiden Name	Don't Know			Mother's Birthplace		Germany
Name of person giving information	Henry Lauwamm			How related to deceased		Brother in Law
CAUSES OF DEATH				50		
Primary	Dis. of heart			How long		
Immediate	Heart failure			years		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Address
				W.C. Shire		
Accident or Suicide?				Elliott City		



Name  
in  
Full

Caroline Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u>		Town <u>Balto.</u>		County <u>Balto.</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>25</u>	Years <u>62</u>	Age <u>62</u>	Months <u>9</u>	Days <u>10</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Md.</u>			
Occupation <u>Housekeeper</u>	Where Residing if not at place of death <u>34 O'Donnell St. Ext.</u>						
Married, Single or Widowed	Name of <del>Wife</del> Husband <u>George Schmidt</u>		Father's Birthplace <u>Germany</u>				
Father's Name <u>Peter Kiefer</u>			Mother's Birthplace <u>..</u>				
Mother's Maiden Name			How related to deceased <u>Daughter</u>				
Name of person giving information <u>Mrs. Laura Murkey</u>							

PHYSICIAN  
OR CORONER

Malevolent -

CAUSES OF DEATH

42

Primary

Uterine Neoplasm

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. A. Kiefer

Accident or Suicide?

Zirkler & Zirkler  
1739 E. Eager St.

Oaklawn Cemetery

May 29-1908

Name  
in  
Full

Elmer Edward Schoof

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Highlandtown Town Baltimore County  
Date of death 1908 Month May Day 20 Years — Months 7 Days 15  
Sex Male Color or Race White Birth-place Md  
Occupation None Where Residing if not at place of death —

~~Married, Single or Widow~~ Name of Wife or Husband ~~—~~

Father's Name William Schoof Father's Birthplace Md

Mother's Maiden Name Emma Jones Mother's Birthplace Md

Name of person giving information Emma Schoof How related to deceased Mother

CAUSES OF DEATH

71

How long

How long

5 Minutes

PHYSICIAN  
OR CORONER

Primary

Infantile Convulsions

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. F. A. Glantz  
41 Easter Ave. G.R.

Accident or Suicide?

Mt. Carmel Cemetery

Herrwig for  
2008 Clean St.

5/23/08

Christina Schreiver

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONERDied at 256 S. 1st Town Clinton County Baltimore

MARYLAND

Date of death	Month	Day	Years	Months	Days
1908	May	11	71	11	17
Sex	Color or Race	White			
Female		Germany			
Occupation	Retired				
Where Residing if not at place of death	Playoff Deck				
Married, Single or Widowed	Name of Wife or Husband	Widow Henry Schreiver			
Father's Name	Not Known				
Mother's Maiden Name	not Known				
Name of person giving information	Wm Schreier				
Father's Birthplace	Germany				
Mother's Birthplace	Germany				
How related to deceased	Son				

## CAUSES OF DEATH

Primary Strangulated Hernia

108

How long

4 days

Immediate Cardiac Paralysis

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Chas Sheer

Address

1619 Clarendon Park Ave

Accident or Suicide?

Dr New

Baltimore Cemetery

H. Sander & Sons

May 14/08

Name  
in  
Full

Charles Andrew Schuly

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Sister's are Town Road  
Died at rear Back River

County  
Baltimore

MARYLAND

Date Month Day Years Months Days  
of death 1908 May 12 76 - 3

Sex male Color or Race white

Birth-place River Germany

Occupation Tollgate Keeper Where Residing if not  
at place of death

Married, Single  
Widowed

Name of Wife or Husband

Back River

Father's Name not Known

Father's Birthplace Germany

Mother's Maiden Name " "

Mother's Birthplace Germany

Name of person giving Information Alexander H. Schuly

How related to deceased Son

CAUSES OF DEATH

95

How long

12 days

Primary Hypostatic Pneumonia

How long

Immediate Heart Failure

2 "

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

M. J. McWayne MD  
839 S. Calvert St.

PHYSICIAN  
OR CORONER

Accident or Suicide?

Address

D. McLaughlin  
Clinton St. near Foster Ave.

R. J. McLaughlin  
839 Clinton St.

Name  
in  
Full

Baby Scott

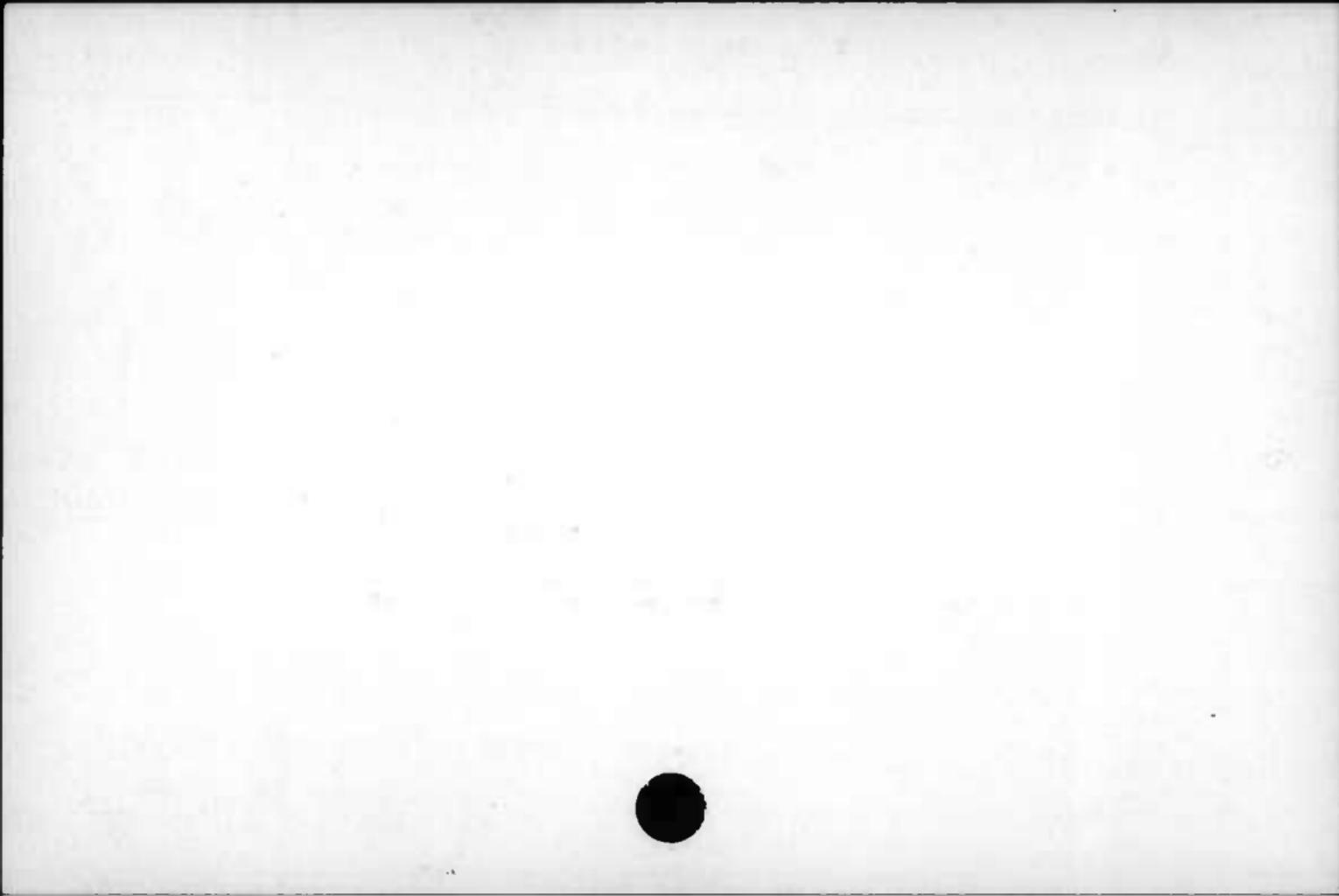
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mt. Gilboa</u>		Town	County <u>Baltimore</u>		State <u>MARYLAND</u>	
Date of death <u>1908</u>	Month <u>5</u>	Day <u>6</u>	Age <u>Years</u>	Premature Birth, 8 months.		
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place	<u>Mt. Gilboa.</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>			<u>—</u>		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		Father's Birthplace <u>Yukusun</u>	<u>—</u>		
Father's Name <u>Wm field Scott</u>	Mother's Birthplace <u>—</u>			Mother's Maiden Name <u>Francis Brown</u>	Mother's Birthplace <u>Mt. Gilboa</u>	
Name of person giving information <u>Francis Brown</u>	How related to deceased <u>S</u>			Mother <u>—</u>		

CAUSES OF DEATH

Primary	<u>Premature Birth at 8 months —</u>		
Immediate	<u>Still Born</u>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>John. W. Bon &amp; Coroner</u>
		Address	<u>Ellicott City 4th</u> <u>Baltimore County</u>
Accident or Suicide?			



Name  
in  
Full

John H. Scott

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Baltimore			County —		MARYLAND
Died at	Month	Day	Years	Months	Days	
Date of death 1908	May	4 <sup>th</sup>	Age 47	not Known	not Known	
Sex Male	Color or Race	White		Birth-place	Baltimore	
Occupation Brass-Meeting	Where Residing if not at place of death			Baltimore		
Married, Single or Widowed Married	Name of Wife or Husband			not Known		
Father's Name not Known				Father's Birthplace	not Known	
Mother's Maiden Name "				Mother's Birthplace	" "	
Name of person giving Information	Reed's Mt. Hope Retreat			How related to deceased	Reed's Mt. Hope	
CAUSES OF DEATH						
Primary	mania Chronic			How long	at 6 or 6 yrs	
Immediate	8th aviation -			How long	c	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Account of Suicide?

Signature of Physician

Address

Frank J. Lawrence  
Mt. Hope Retreat  
Mt. Hope, Ma

68



Eudocia Stansbury

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Towson	Baltimore	County		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Age about 97	—	—
Occupation	None	Where Residing if not at place of death		at Towson		
Married, Single or Widowed	Widowed	Name of Wife or Husband	Thomas Stansbury died 1856			
Father's Name	Unknown - except Davies				Father's Birthplace	unknown
Mother's Maiden Name	Unknown				Mother's Birthplace	unknown
Name of person giving Information	R. C. Massenburg				How related to deceased	friendly

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONERPrimary Arterio Sclerosis, marked  
Conv.

How long

9 weeks

Immediate Exhaustion of physical forces

7 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

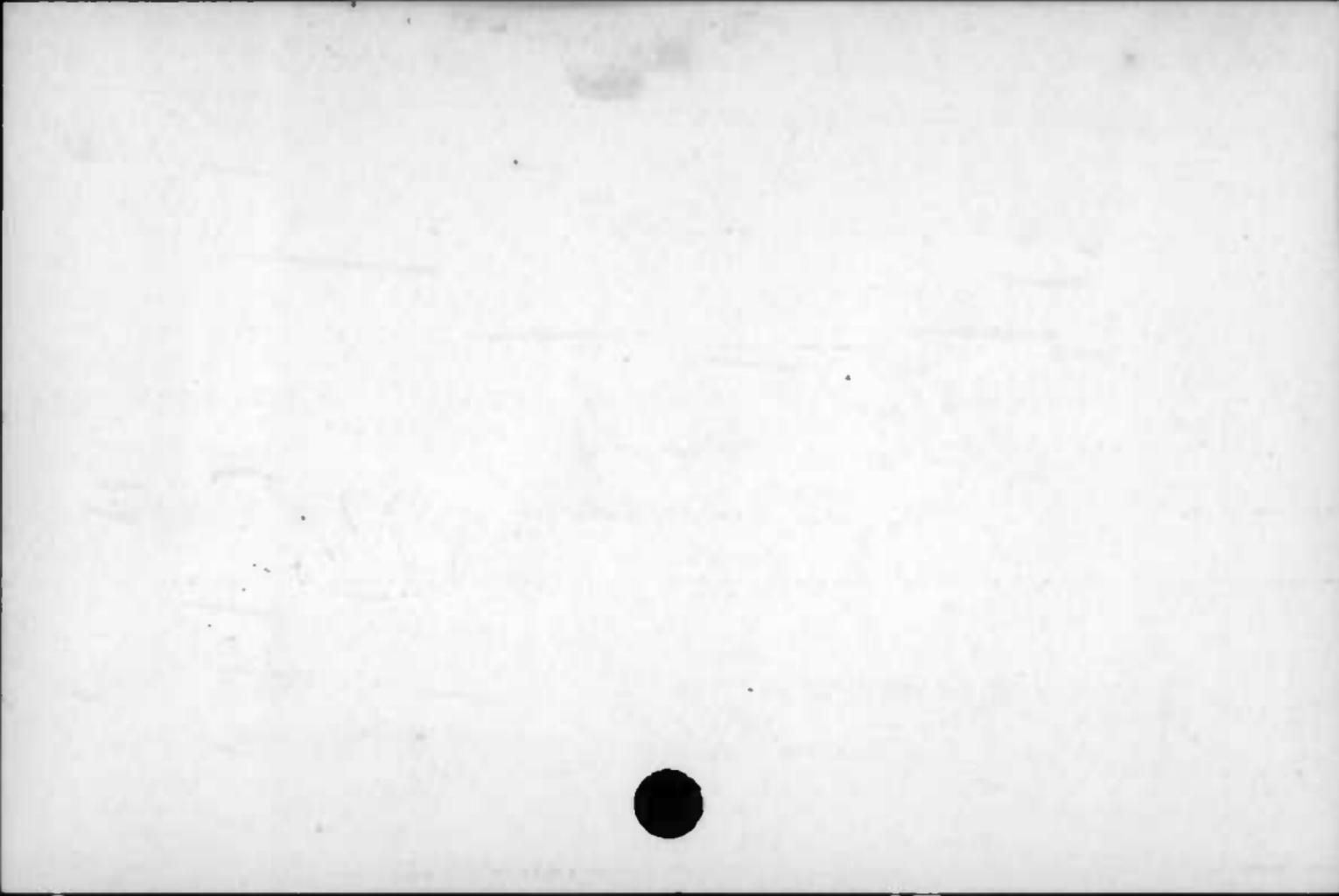
R. C. Massenburg

Address

Towson

Accident or Suicide?

X



Name  
in  
Full

Apperson of Adg. L. Thomas Stanbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>5</u>	Day <u>24</u>	Age <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>—</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Thomas L. Stanbury Jr.</u>	Father's Birthplace <u>General Mills</u>				
Mother's Maiden Name <u>Ada M. Green</u>	Mother's Birthplace <u>Montgomery</u>				
Name of person giving information <u>Thomas Stanbury</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary —

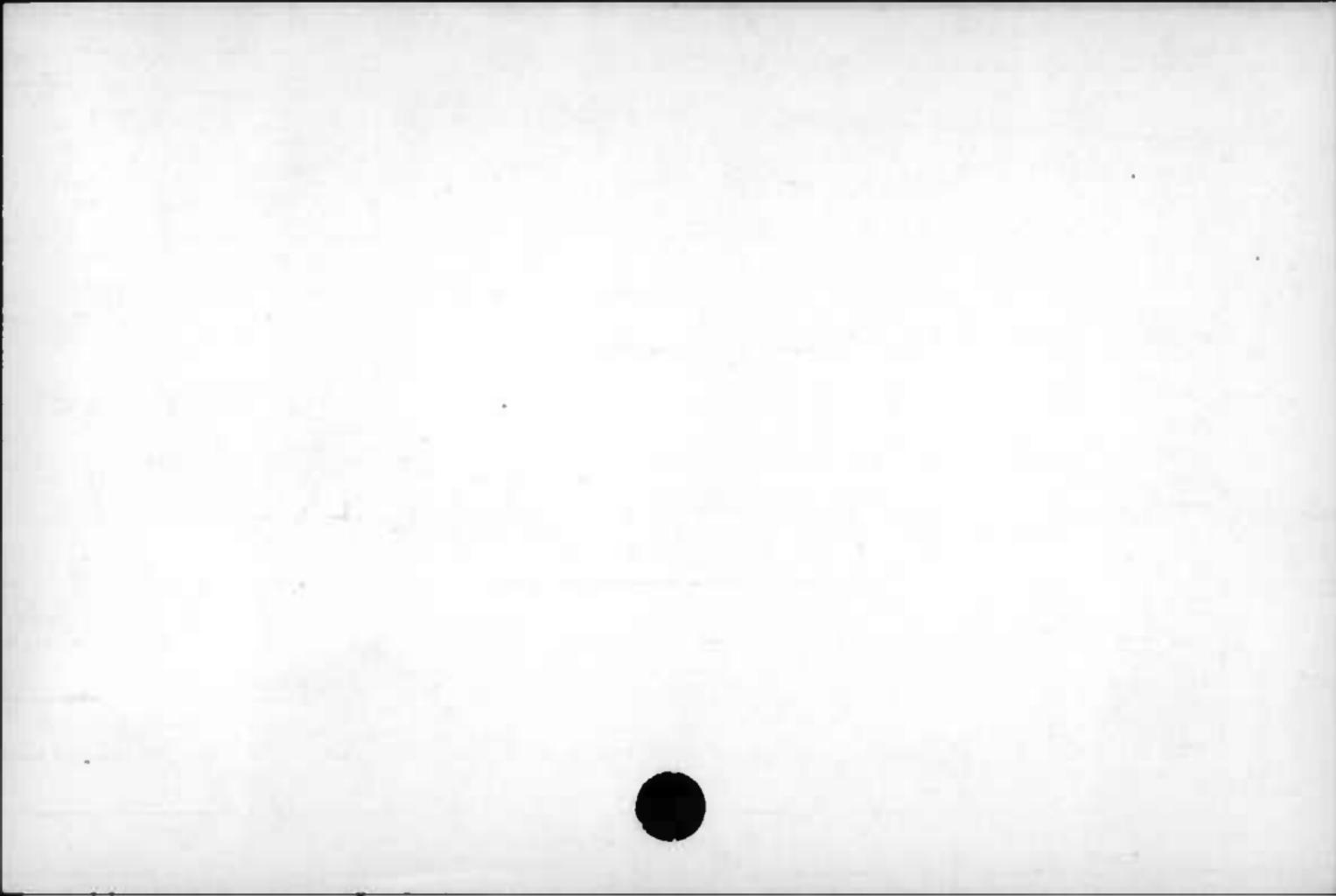
Immediate Deformity

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Samuel Sullivan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Albion, Ind			
Father's Name	Eugene O Sullivan				
Mother's Maiden Name	Sarah Worley				
Name of person giving information	Eugene O Sullivan				

CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary

Drowning

How long

Immediately

Immediate

Are the name, age, sex, color, date and place correctly given above?

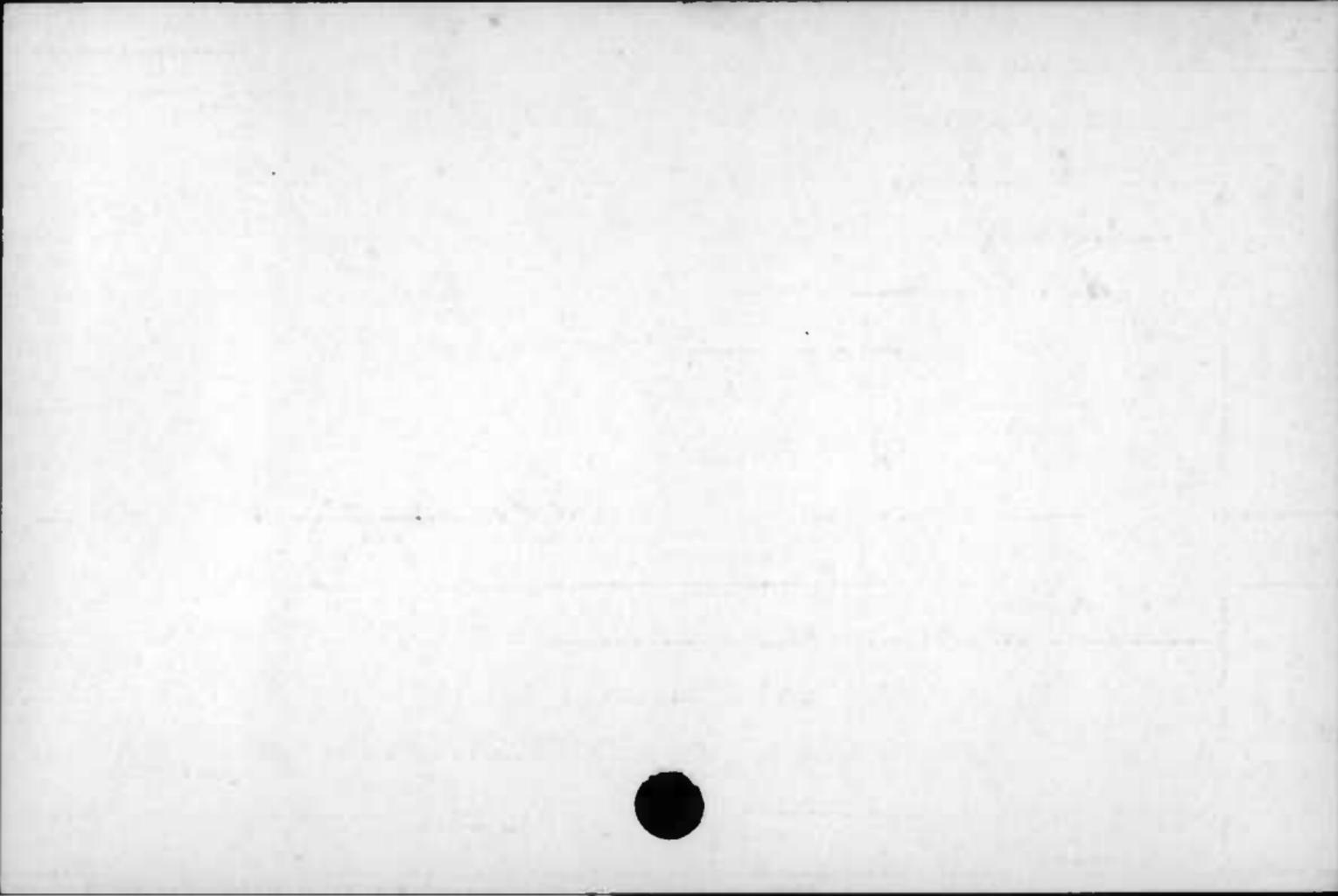
Signature of Physician

Address

John O Drago (Coron)  
Grand Rapids, Mich

Accident or

accident



Name  
in  
Full

Oliver Keech Talbott.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Warren</u> Town		County <u>Baldo.</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>5</u>	Day <u>2</u>	Age <u>28</u>	Years	Months <u>10</u>	Days <u>15</u>
Sex <u>Male</u>	Color or Race <u>white</u>				Birth-place <u>Ind.</u>	
Occupation <u>Cottonmill Operator</u>	Where Residing if not at place of death			<u>Warren Ind.</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Scott Talbott</u>				Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Aryetta Bosley</u>				Mother's Birthplace <u>Ind.</u>		
Name of person giving Information <u>Aryetta Talbott</u>				How related to deceased <u>Mother</u>		

CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary

Carcinoma (Abdominal.)

How long

Immediate

Ex haustio -

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wilmer C. Ensor, M.D.  
Cockeysville  
Ind.

Accident or Suicide?

No

Entered at Falls  
Wood Chopping Tuesday  
May 9-09

W. C. Brooks

Frank J. Thomey.

## CERTIFICATE OF DEATH

Died at Old Frederick Road Catonsville Baldo County

MARYLAND

Date of death 1908 Month May Day 21 Years 46 Months 90 Days 90Sex Male Color or Race White Birth-place MarylandOccupation Farmer Where Residing if not at place of death Old Frederick RoadMarried, Single or Widowed Single Name of Wife or Husband NoneFather's Name Marshall Thomey Dead dead Father's Birthplace GermanyMother's Maiden Name Margaret Blaum Mother's Birthplace GermanyName of person giving information Edward J. Thomey How related to deceased Brother

## CAUSES OF DEATH

142

Primary Inflammation of Salivary Glands of left neck.

How long

3 weeks

Immediate Sanguine

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Marshall B. West  
Catonsville, Md

Accident or Suicide?

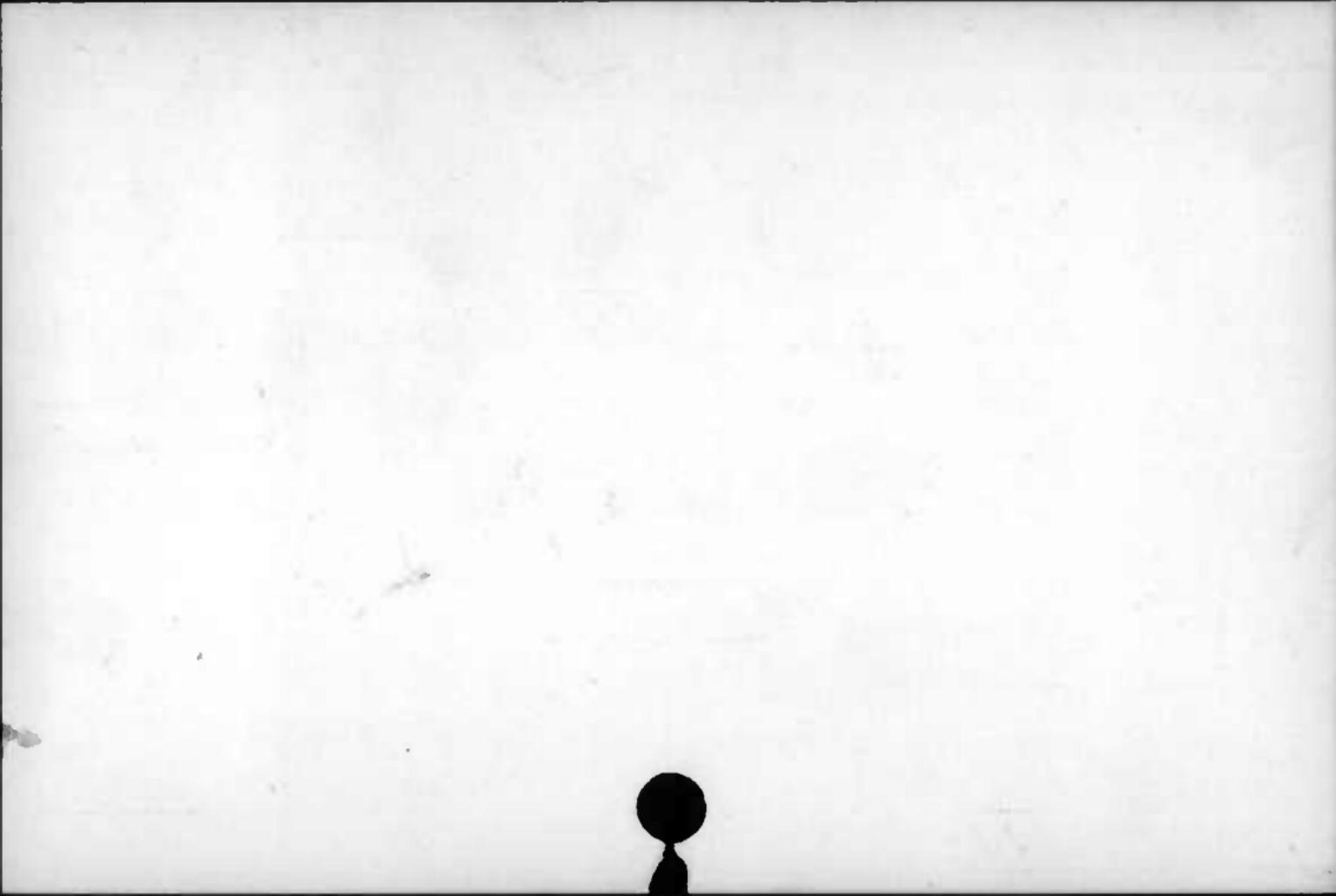
Easton Sons.  
Bonnie Brae.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jacob Tumbough						CERTIFICATE OF DEATH	
Died at 118 Gamee St Baltimore			County			MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days	
1908	May	27	77	77	8	4	
Sex	Male	Color or Race	White	Birth-place	118 Gamee St Baltimore		
Occupation	Fanner			Where Residing if not at place of death	-		
Married, Single or Widowed	Widower	Name of Wife or Husband	Sarah Semacost		Father's Birthplace	Germany	
Father's Name	Jacob Tumbough			Mother's Birthplace	Estabrook		
Mother's Maiden Name	Angie Foster			Name of person giving Information	Son.		
How long	154		How long	1 year			
CAUSES OF DEATH	Senectus		How long	1 week			
Primary	Asthema		Signature of Physician	C.W. Heyde, M.D.			
Immediate	yes		Address	Parlor			
Are the name, age, sex, color, date and place correctly given above?	yes		C.W. Heyde, M.D.				
Accident or Suicide?			Parlor				



Name  
in  
Full

Jacob Unvergagt

CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY

NEAREST FRIEND

Died at Delight Town Balto County

Date 1908 Month May Day 22 Age 82 Years 82 Months — Days —

Sex Male Color or Race white Birthplace Germany

Occupation Butcher Where Residing if not at place of death

Married, Single or Widowed widower Name of Wife or Husband Rosie Barber Unvergagt

Father's Name don't know Father's Birthplace unknown

Mother's Maiden Name " Mother's Birthplace unknown

Name of person giving information ms F. A. Sengen How related to deceased Daughter

CAUSES OF DEATH

64

Hour long

Four days

How long

One day

Primary

Stoppage of

Immediate

Oedema of Lungs

Are the name, age, sex, color, date and place correctly given above?

Yes

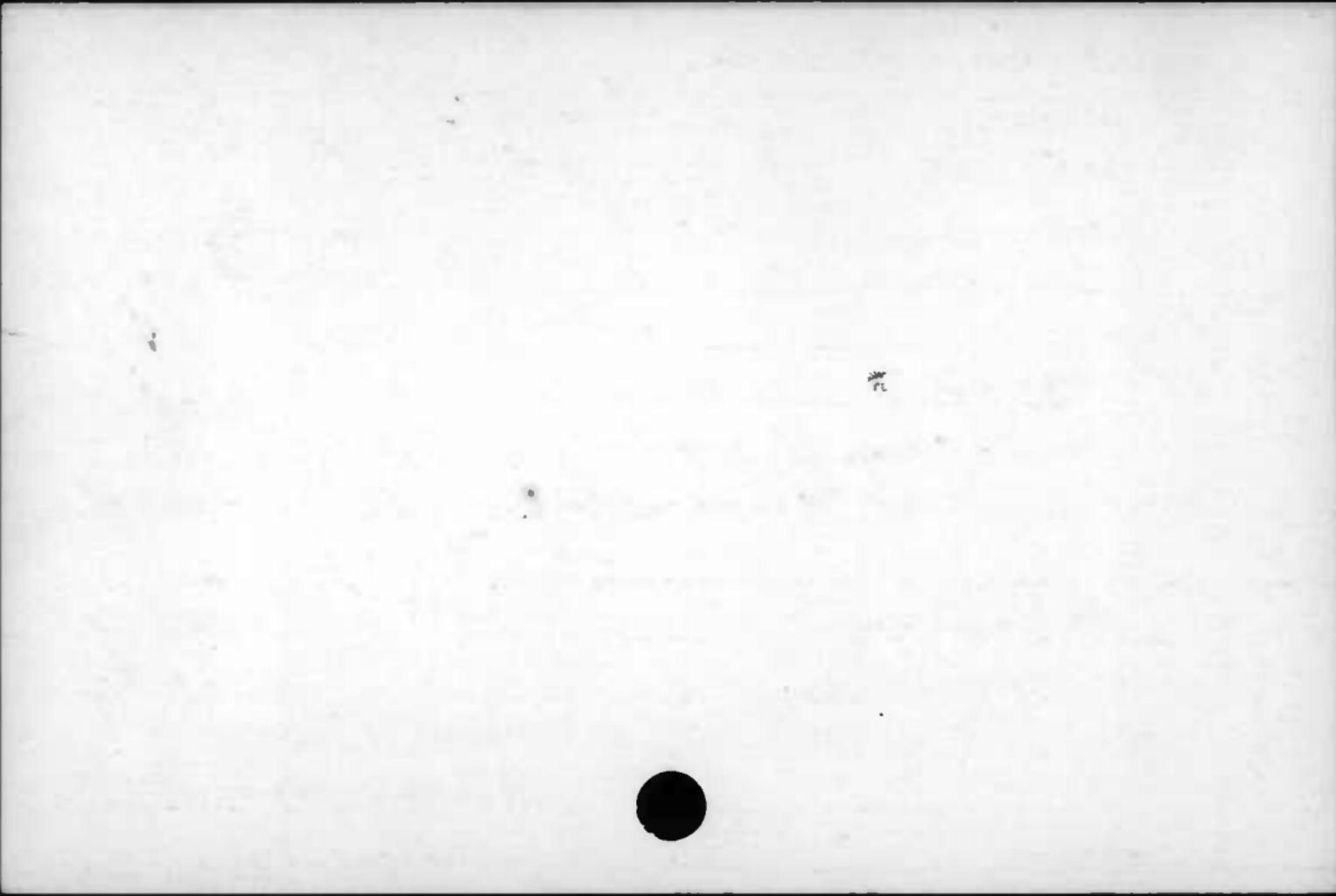
Signature of Physician

Address

James Gorr M.D.  
Resistansion Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Miss Naomi Webb.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1908	Month 5	Day 9	Age 45	Years	Months — Days —
Sex	Female	Color or Race	white	Birth-place	Md.	
Occupation	Homemaker		Where Residing if not at place of death	108 Wellington Ave Balt.		
Married, Single or Widowed	Single		Name of Wife or Husband	—		
Father's Name	James Webb		Father's Birthplace	Md.		
Mother's Maiden Name	Mary Gay Card		Mother's Birthplace	Unknown		
Name of person giving information	Mrs. Steeves		How related to deceased	Sister.		

CAUSES OF DEATH

117

Primary Acute Pancreatitis (?) (Gall Stones)  
How long (?) 3 days

Immediate Toxemia -  
How long 12 hours

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

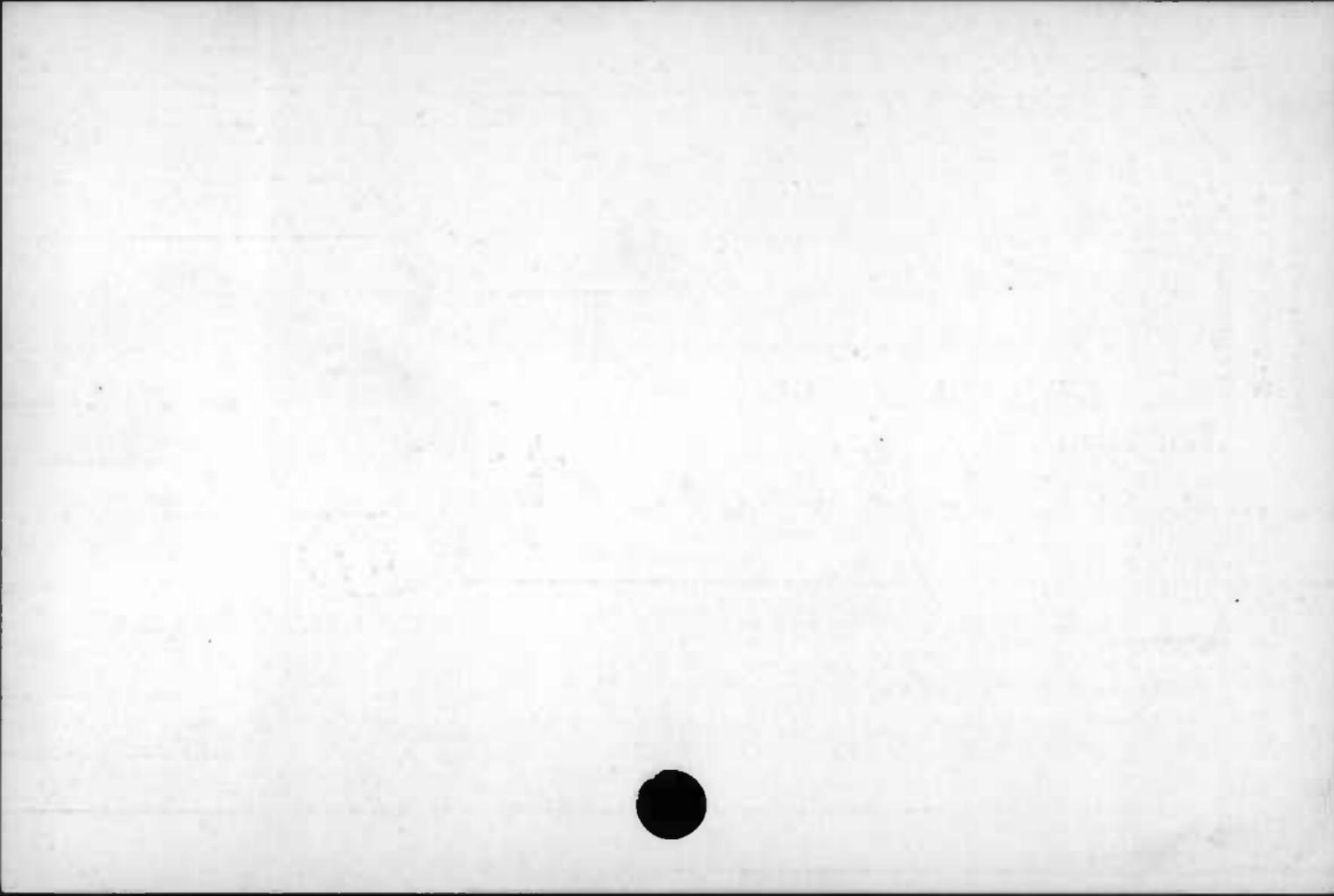
Signature of Physician

Paul Preole

Address

St Agnes Hospital  
Balt. Md.

Accident or Suicide?



Name  
in  
Full

Mary Elizabeth West

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at <u>Mt. Hope Reformatory</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>May</u>	Day <u>13</u>	Age <u>72</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md -</u>			
Occupation <u>Teacher</u>	Where Residing if not at place of death <u>Maryland -</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>not Known</u>	Father's Birthplace <u>not Known</u>					
Mother's Maiden Name <u>"</u>	Mother's Birthplace <u>" "</u>					
Name of person giving information <u>Rec'd by M. H. R. Rep. Com.</u>	How related to deceased <u>not at all</u>					

CAUSES OF DEATH

68

PHYSICIAN  
OR CORONER

Primary <u>Maria Chronic</u>	How long <u>over 33 years</u>
Immediate <u>Ex Paralysis - L. Hem -</u>	How long <u>6 wks -</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Frank J. Flannery</u>
	Address <u>Mt. Hope Reformatory Baltimore Co. Md.</u>
Accident or Suicide? <u></u>	



Name  
in  
Full

Hazel Westbrook

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	May	18	Age	17	13
Sex	Female	Color or Race	white	Birth-place	Balto.
Occupation	Where Residing If not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William H. Westbrook				
Mother's Maiden Name	Ella Mc Hazel				
Name of person giving information	W. H. Westbrook				

105

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Gastro-Erteritis

How long

4 days

Immediate

Meningitis

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

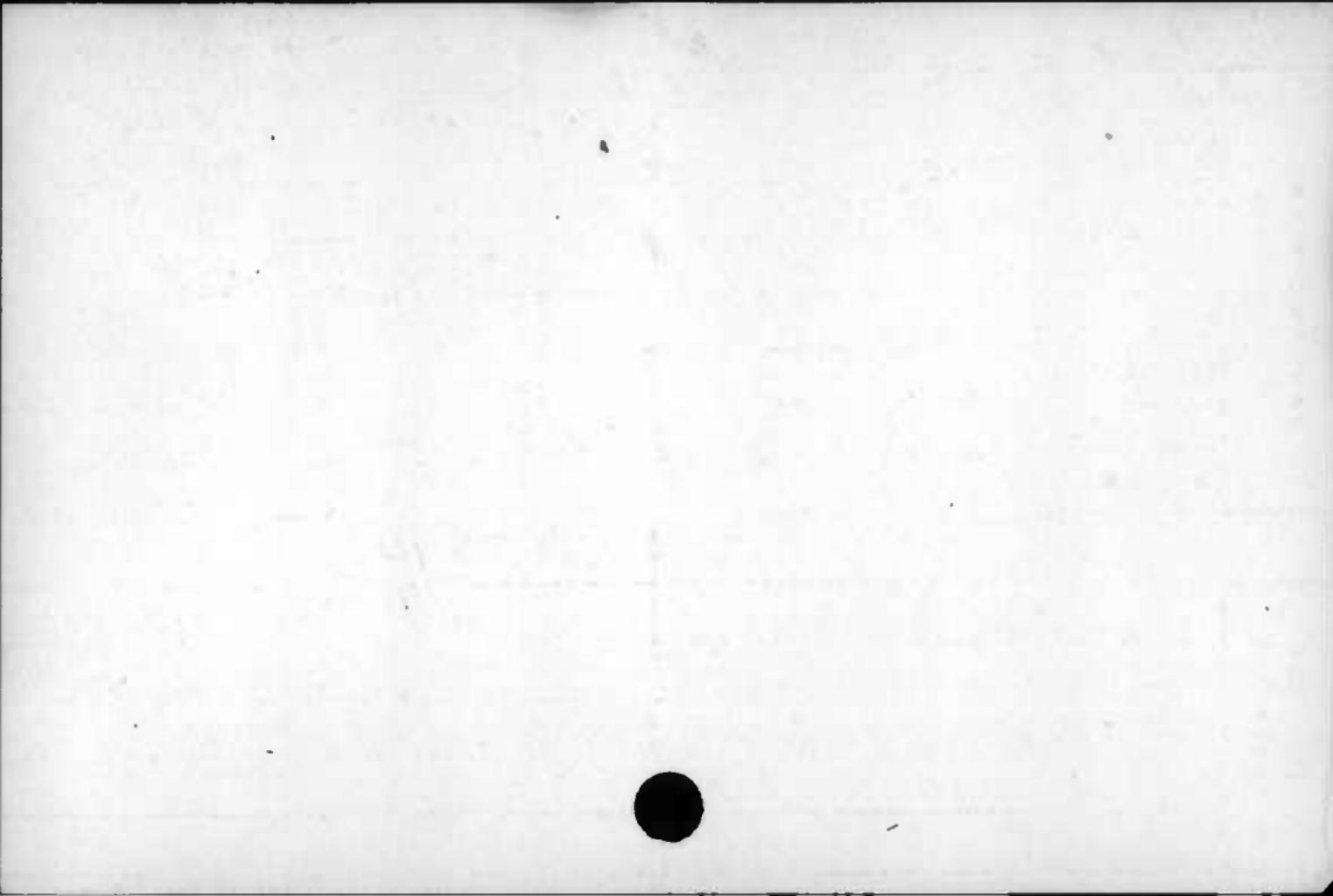
Signature of Physician

Address

G. L. McCormick M.D.  
Sparrow Point  
Md.

Accident or Suicide?

no



Name  
in  
Full

Henry Clay Wilson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND							
Died at	Baltimore	Baltimore									
Date of death	1908	Month	May	Day	10	Years	54	Months	6	Days	12
Sex	Male	Color or Race	White	Birth-place	Baltimore Co. Md.						
Occupation	Restaurant		Where Residing if not at place of death	Towson, Md.							
Married, Single or Widowed	Married	Name of Wife	H. —	Laura V. Wilson							
Father's Name	John W. Wilson		Father's Birthplace	Penn.							
Mother's Maiden Name	Rachael Matlens		Mother's Birthplace	Baltimore Co. Md.							
Name of person giving information	Laura V. Wilson		How related to deceased	Wife.							

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary

Affection

How long

8 days

Immediate

Cardiac Asthma

How long

24 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. Guston Grindall,  
Towson Md.

Accident or Suicide?

To be buried in  
Prospect Hill Cemetery

Elmwood Md. on May 13<sup>th</sup> 1908

by Henry W. Mears Jr.  
17 West North Ave.  
Baltimore

Name  
in  
Full

Sophia Winder

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Long Green Town Baltimore County MARYLAND  
Date of death 1908 Month May Day 15<sup>th</sup> Years Age 43 Months 11 Days 21

Sex Female Color or Race Colored Birth-place Maryland

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Married Joshua Winder

Father's  
Name

Alapandra Taylor

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Anna Polston

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Joshua Winder

How related  
to deceased

Husband

CAUSES OF DEATH

79

Primary

Fatty degeneration of Heart -

How long

(3) or more  
several years

Immediate

Syncope

How long

Instantaneous

Are the name, age, sex, color, date  
and place correctly given above?

yes

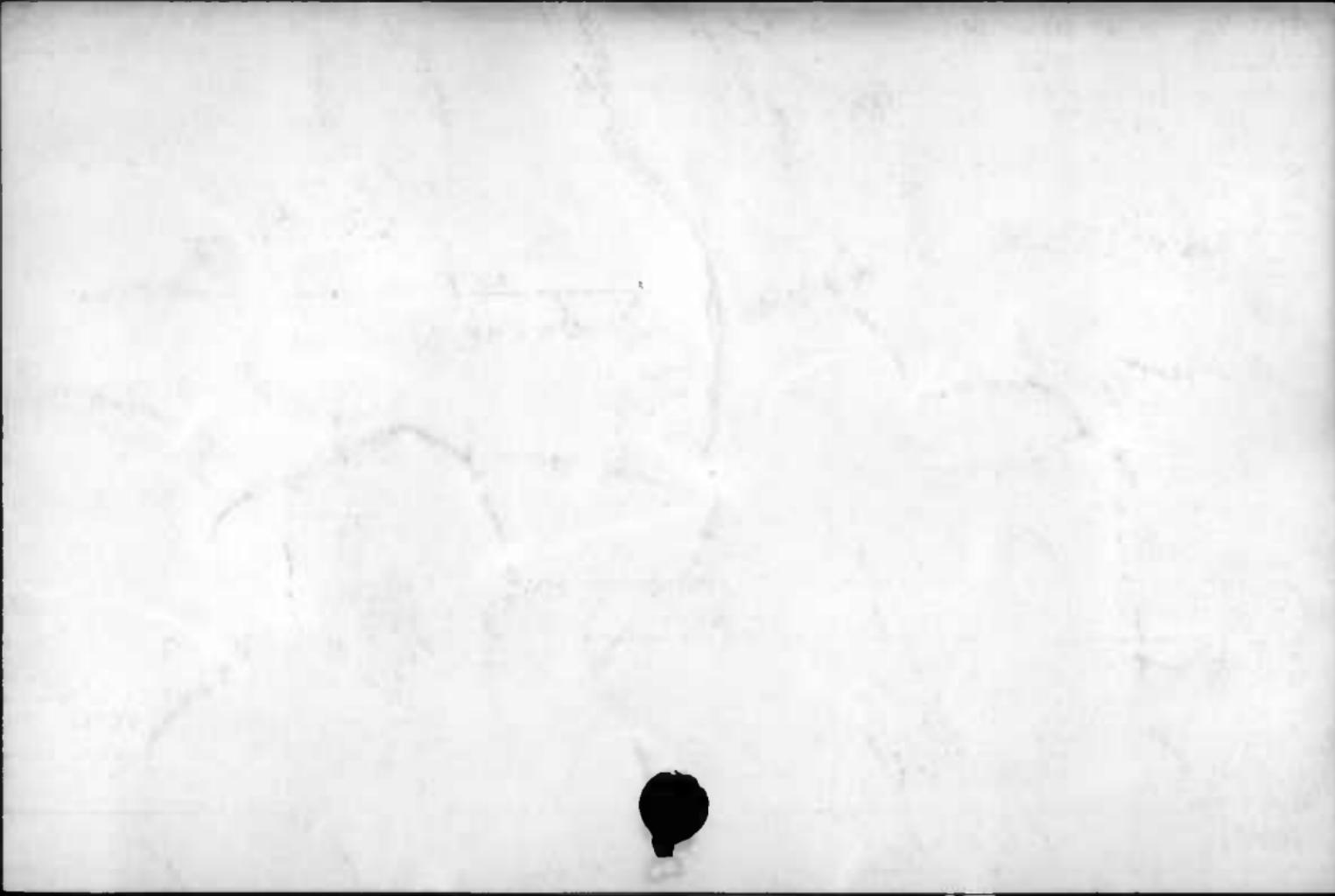
Signature of  
Physician

Address

John S. Green  
Gittings,  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Katie Wolferman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	—
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	none other	
Father's Name	John Wolferman	Father's Birthplace	Balto Md
Mother's Maiden Name	Kate Huber	Mother's Birthplace	Balto. Md
Name of person giving information	John Wolferman	How related to deceased	Brother

CAUSES OF DEATH

109

How long

unknown

How long

7 hours

PHYSICIAN  
OR CORONER

Primary

Fecal impaction

Immediate

Convulsions

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. D. Jones

119 Elliott St.

Accident or Suicide?

Lilly & Zeiler  
Undertakers  
Trinity Cemetery

MAY 14 1908

Name  
in  
Full

George Wood Jr.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death	Days	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Geo. Wood Jr.	Father's Birthplace	England
Mother's Maiden Name	Mary	Mother's Birthplace	England
Name of person giving information	Geo. Wood Jr.	How related to deceased	Father

CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary

Gastritis

How long

6 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John Hammer

1120 Highland Avenue

Accident or Suicide?

No

Oak Lawn Cemetery  
John Henwig Son  
3/26/08

Name  
in  
Full

Baby Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Canton	Baltimore		Baltimore	
Date of death	1908	Month	Day	Years	Months	Days
		May	4	Age	—	Still Birth
Sex	F.	Color or Race	W.	Birth-place	16th St + 1st Ave	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband	—			
Father's Name		Earo Young	Balto			
Mother's Maiden Name		Ella Young	Balto			
Name of person giving Information		Father	Father			

CAUSES OF DEATH

(S)

How long

16 hours

How long

a few hours

PHYSICIAN  
OR CORONER

Primary

Labor

Immediate

asphyxia

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

W. L. Bushell M.D.  
3042 Hudson St

Accident or Suicide?

J. C. Schubel & Son -  
3515 E. Bolto St.

Oaks Faun Cemetery  
May. 5<sup>th</sup> /08.

Name  
in  
Full

Adelair Smithham

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

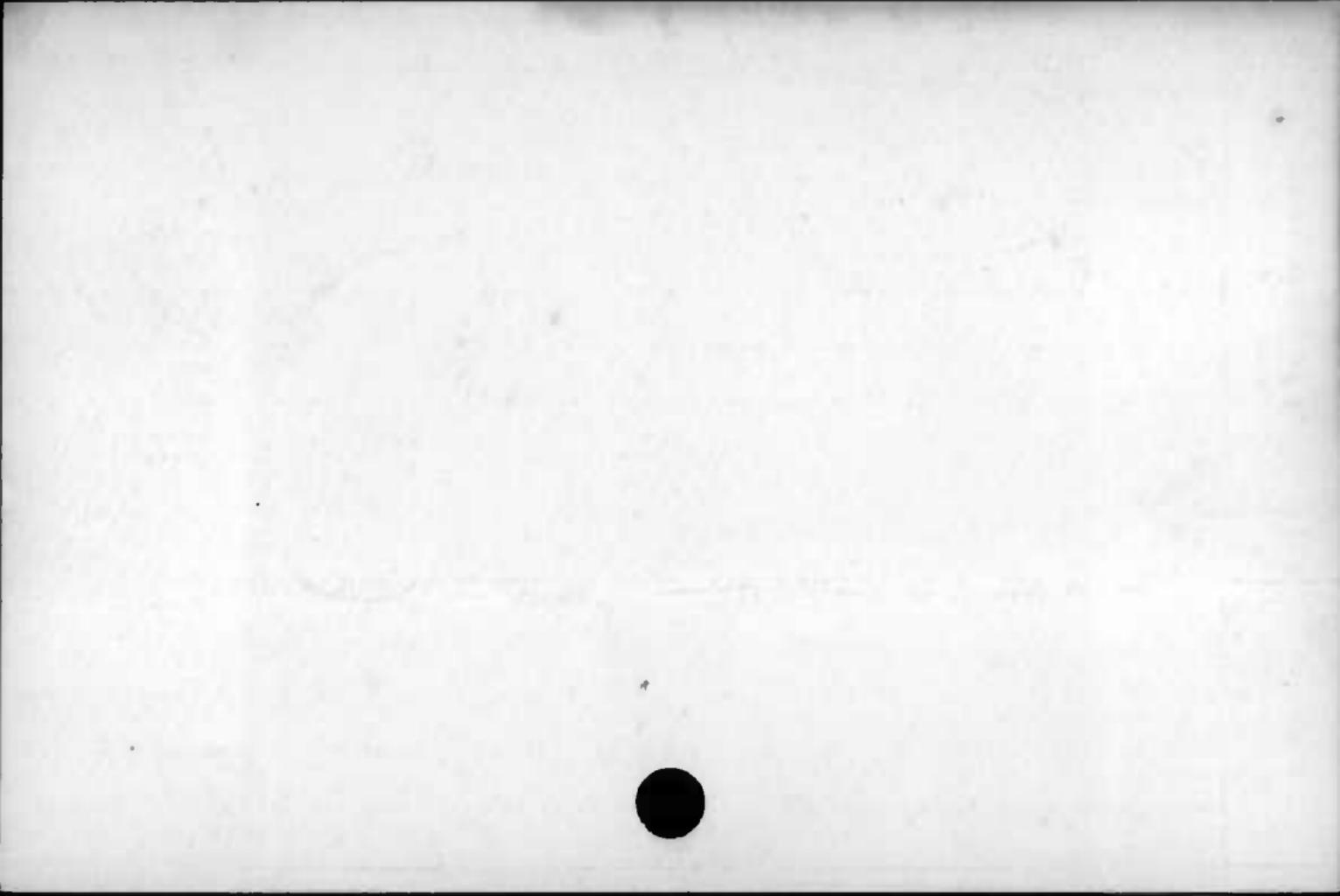
Died at <u>Moulton</u>		County <u>Balts.</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>31</u>	Age	Years	Months
Sex <u>Female</u>	Color or Race	<u>white</u>		Birth-place	Days
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Charles Smithham</u>				
Mother's Maiden Name	<u>Carrie Irene Young</u>				
Name of person giving information	<u>John Young.</u>				
CAUSES OF DEATH					
Primary	<u>Premature Birth</u>				
Immediate	<u>Exhaustion</u>				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
yes		<u>G. Ross Payne</u>		<u>Corbett</u>	
Accident or Suicide?				my.	

PHYSICIAN  
OR CORONER

151

How long

How long



Name  
in  
Full

Unknown (Name See 7 Culture Main )

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

15<sup>th</sup> <sup>town</sup> Best

County

MARYLAND

Date  
of death 1908

Month

Day

Years

Months

Days

19<sup>th</sup>

Age about 85 yrs

Sex

Male

Color or  
Race

White

Birth-  
place

Unknown

Occupation

Unknown

Where Residing if not  
at place of death

Unknown

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

172

CAUSES OF DEATH

Primary

Growing

How long

PHYSICIAN  
OR CORONER

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

James Gilmore, Coroner

Accident

Potter Field-  
May 21<sup>st</sup> 1908